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FILED
Sep 12, 2001 8:00 am
Secretary of State

07-19-2001 90234 048 *****8.75
06-21-2001 90002 049 *****61.20

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751556

1. Entity Name

SEGOVIA GARDENS CONDOMINIUM, INC.

Principal Place of Business

1800 NW 19 STREET
MIAMI FL 33125
US

Mailing Address

1800 NORTHWEST 19 ST., UNIT # 6
MIAMI FL 33125
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2224146

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EXPOSITO, GLADYS
1800 NW 19 STREET, #12
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name AIMEE JENSON
Street Address (P.O. Box Number is Not Acceptable)

1800 NW 19 ST # 6
City MIAMI FL Zip Code 33125

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Aimee Jenson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relocating)

DATE

8-31-01

FILE NOW:
FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RODRIGUEZ, COLUMBO
STREET ADDRESS 1800 NW 19 STREET, UNIT 7
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE VD
NAME DIAZ, HUMBERTO
STREET ADDRESS 1800 NW 19 STREET, UNIT 10
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE TD
NAME EXPOSITO, GLADYS
STREET ADDRESS 1800 NW 19 STREET, UNIT 12
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE S
NAME WHEELER, FREDERIC W
STREET ADDRESS UNIT 103, 3460 32ND AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME EXPOSITO, GLADYS
STREET ADDRESS 1800 NW 19 ST # 6
CITY-ST-ZIP MIAMI FL 33125 ☒ Change ☐ Addition

TITLE S
NAME AIMEE JENSON
STREET ADDRESS 1800 NW 19 ST # 6
CITY-ST-ZIP MIAMI FL 33125 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gladys Exposito 06/12/01 1305/325-8940
Date Daytime Phone #