

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000695 AF

**DOCUMENT #** L00000007184

**1. Entity Name**  
DEL AMO & SEGUROLA, PL

FILED

01 MAR -2 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
201 SEVILLA AVENUE, SUITE 202  
CORAL GABLES FL 33134

**Mailing Address**  
201 SEVILLA AVENUE, SUITE 202  
CORAL GABLES FL 33134



|  |  |   |  |
|--|--|---|--|
| <b>2. Principal Place of Business</b><br>201 SEVILLA AVE.<br>Suite, Apt. #, etc.<br>SUITE 202<br>City & State<br>CORAL GABLES, FL<br>Zip<br>33134<br>Country<br>DADE |  | <b>3. Mailing Address</b><br>201 SEVILLA AVE<br>Suite, Apt. #, etc.<br>SUITE 202<br>City & State<br>CORAL GABLES, FL<br>Zip<br>33134<br>Country<br>DADE |  |
|--|--|---|--|

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

CARLOS DEL AMO, P.A.  
201 SEVILLA AVENUE, SUITE 202  
CORAL GABLES FL 33134

**4. FEI Number** 65-1017500  Applied For  Not Applicable

**5. Certificate of Status Desired**  \$5.00 Additional Fee Required

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

**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 DATE 2/28/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

| 9. MANAGING MEMBERS/MEMBERS                    |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PARTNER<br>IGNACIO SEGUROLA<br>201 SEVILLA AVE, SUITE 202<br>CORAL GABLES, FL 33134<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 300003819563--9<br>-03/08/01--01111--012<br>****50.00 ****50.00<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)