

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90038 025 ****50.00

DOCUMENT # L00000007184

1. Entity Name
DEL AMO & SEGUROLA, PL

Principal Place of Business 201 SEVILLA AVENUE, SUITE 202 CORAL GABLES FL 33134	Mailing Address 201 SEVILLA AVENUE, SUITE 202 CORAL GABLES FL 33134
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-1017520	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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



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**

7. Name and Address of New Registered Agent

Name SAME	
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 **2-22-02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PTR	<input checked="" type="checkbox"/> Delete
NAME SEGUROLA, IGNACIO	
STREET ADDRESS 201 SEVILLA AVENUE, SUITE 202	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE MANAGING PARTNER/PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLOS DEL AMO, P.A.	
STREET ADDRESS 201 SEVILLA AVE, SUITE 202	
CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE PARTNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IGNACIO, SEGUROLA	
STREET ADDRESS 201 SEVILLA AVE, SUITE 202	
CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 DATE **2-22-02** DAYTIME PHONE # **305-443-7005**

CR2E083 (9/01)