

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90033 050 ****50.00

DOCUMENT # L01000004732

1. Entity Name

SERA HOLDINGS L.C.

Principal Place of Business

**338 MINORCA AVE.
 CORAL GABLES FL 33134**

Mailing Address

**338 MINORCA AVE.
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1144047

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CABEZA, MANUEL E
 338 MINORCA AVE.
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name: **International Registered Agents Corporation**
 Street Address (P.O. Box Number is Not Acceptable): **338 Minorca Avenue**
 City: **Coral Gables** FL Zip Code: **33134**

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 *For Maria Elena Cabeza, President*

For [Signature]

January 10, 2002 DATE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|------------------------------|--|
| TITLE | MGR | <input checked="" type="checkbox"/> Delete |
| NAME | CABEZA, MANUEL E | |
| STREET ADDRESS | 338 MINORCA AVE. | |
| 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 | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|---------------------------------|--|
| TITLE | Mgr/P/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Enrique Palacios | |
| STREET ADDRESS | 1341 Crossbill Court | |
| CITY-ST-ZIP | Weston, Florida 33327 | |
| TITLE | Mgr/Vp/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Silvia Rojas de Palacios | |
| STREET ADDRESS | 1341 Crossbill Court | |
| CITY-ST-ZIP | Weston, Florida 33327 | |
| 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: Enrique Palacios, Manager

(011) 571-216-9237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CRPF083 (9/01)