## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # M52205 Jul 26, 2000 8:00 am 1. Entity Name **Secretary of State** SEGURA OF FLORIDA, INC. 05-04-2000 90095 010 \*\*\*150.00 07-26-2000 90007 004 \*\*\*550.00 Principal Place of Business Mailing Address 999 BRICKELL AVE. 999 BRICKELL AVE. STE. 1006 STE. 1006 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0433909 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEWART, ROBERT W. P.A. 30. Box Number is Not Acceptable) 3RICKELL AVENUE 1605-BRICKELE AVENUE THIRD PEDGRA THAT IS NOT THE 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. 7.20.00 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE TITLE ☐ Delete BRUTISTA, PATRICIA BAUTISTA, PATRICIA NAME MARAE 999 BRICKELL AVENUE, #1006 1995 BRICKELL AVE 3 Ft STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI-FL-83131** CITY-ST-ZiP HiAMi, FL·33131 DP ☐ Addition TITLE ☐ Delete TITLE BAUTISTA, FELIPE BAUTISTA, Felipe NAME NAME 999 Brickell Ave. #1066 STREET ADDRESS STREET ADDRESS 1395 BRICKELL AVE 3 FL CITY-ST-ZIP -CITY-ST-ZIP **MIAMI FL 33131** جايد التاكر عبا immi:-FL : 33/3/ TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T/T/ F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OFFICER OF DIRECTOR

7-20-00

(205) 358.72 7