

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90085 020 ***150.00

DOCUMENT # M55840

1. Entity Name

ZEQUEIRA INVESTMENT COMPANY

Principal Place of Business

Mailing Address

% J. CARLOS ZOQUEILA
890 NW 45TH AVENUE #13
MIAMI FL 33126
US

% DENNIS A. LARUSSA
1111 CRANDEN BOULEVARD, SUITE A201
KEY BISCAYNE FL 33149



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0160874

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

7. Name and Address of New Registered Agent

LARUSSA, DENNIS A.
150 SE 2ND AVE STE 500
MIAMI FL 33131

Name

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

108 South Miami Avenue

2nd Floor

City **MIAMI**

FL

Zip Code **33130**

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

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

(NOTE: Registered Agent signature required when reinstating)

2/08/02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
 NAME **ZEQUEIRA, J. CARLOS**
 STREET ADDRESS **890 NW 45TH AVE APT 13**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **PD** ☐ Delete
 NAME **LARUSSA, DENNIS A.**
 STREET ADDRESS **1111 CRANDON BLVD, APT A201**
 CITY-ST-ZIP **KEY BISCAYNE FL**

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

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:

Dennis A. Larussa, Pres.

2/08/02
 Date

305-375-0005
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)