

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90693 037 ****61.25

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1. Entity Name

SEGOVIA VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**6081-6121 WEST 24TH AVENUE
HIALEAH FL 33016**

Mailing Address

**2011 WEST 62 STREET
HIALEAH FL 33016**

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 **65-0785322**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AMERICA MANAGEMENT & REALTY, INC
2011 W 62 ST
HIALEAH FL 33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD VICTORIANO, LYDIA ☐ Delete
STREET ADDRESS	6081 WEST 24TH AVENUE #202
CITY-ST-ZIP	HIALEAH FL 33016
TITLE NAME	TD SIMON, ANAY ☒ Delete
STREET ADDRESS	6121 WEST 24 AVENUE
CITY-ST-ZIP	HIALEAH FL 33016
TITLE NAME	SD HERRERA, ISABEL ☒ Delete
STREET ADDRESS	6121 WEST 24TH AVENUE, #210
CITY-ST-ZIP	HIALEAH FL 33016
TITLE NAME	D EMMA, MERIDA ☒ Delete
STREET ADDRESS	6121 WEST 24TH AVENUE, 3209
CITY-ST-ZIP	HIALEAH FL 33016
TITLE NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	TD ARCA, OLGA ☐ Change ☒ Addition
STREET ADDRESS	6121 WEST 24 AVENUE # 103
CITY-ST-ZIP	HIALEAH, FL. 33016
TITLE NAME	SD SAUCEDO, MARIA E. ☐ Change ☒ Addition
STREET ADDRESS	6081 WEST 24 AVENUE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

02-01-03

305
558-9820

CR2E037 (10/02)