

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90059 047 \*\*\*150.00

**DOCUMENT # P00000077476**

1. Entity Name  
**SEQUEIRA PROFFESIONAL SERVICES, INC.**

Principal Place of Business  
**1351 EUCLID AVE STE #9**  
**MIAMI BEACH FL 33139-3968**

Mailing Address  
**1351 EUCLID AVE STE #9**  
**MIAMI BEACH FL 33139-3968**



2. Principal Place of Business  
**1949 PARK AVE #6**  
 Suite, Apt. #, etc.  
**APT 6**  
 City & State  
**MIAMI BEACH**  
 Zip  
**33192**  
 Country  
**USA**

3. Mailing Address  
**Same**  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1047574** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SEQUEIRA, DANIEL A**  
**1351 EUCLID AVE STE #9**  
**MIAMI BEACH FL 33139-3968**

## 7. Name and Address of New Registered Agent

Name **SEQUEIRA DANIEL A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1949 PARK AVE #6**  
**Miami Beach**  
 City **FLORIDA** FL Zip Code **33192**

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)

DATE **4/24/02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEQUEIRA, DANIEL A</b> <b>1351 EUCLID AVE STE #9</b> <b>MIAMI BEACH FL 33139-3968</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **NONETTER REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/02**

CR2E034 (9/01)