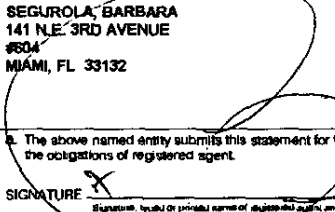


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90920 001 ***600.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000040109			
1. Entity Name SEGUROLA INVESTMENT INC.			
Principal Place of Business 141 N.E. 3RD AVENUE #604 MIAMI, FL 33132		Mailing Address 141 N.E. 3RD AVENUE #604 MIAMI, FL 33132	
2. Principal Place of Business 2720 SW 97 AV Suite, Apt. #, etc. # 208		3. Mailing Address Suite, Apt. #, etc. SAME	
City & State MIAMI FL		City & State SAME	
Zip 33165		Country DADE	
4. FEI Number 02-0583720		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 SEGUROLA, BARBARA 141 N.E. 3RD AVENUE #604 MIAMI, FL 33132		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  DATE _____ (Signature, typed or printed name of registered agent, and title (if applicable). (NOTE: Registered Agent Signature should be obtained when electing.)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD QUEVEDO, JOSE 141 N.E. 3RD AVENUE MIAMI, FL 33132			
VD SEGUROLA, BARBARA 141 N.E. 3RD AVENUE MIAMI, FL 33132			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 807, 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:  DATE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CRF0034 (10/02)