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)

55037444

DOCUMENT # P02000040109

1. Entity Name
SEGUROLA INVESTMENT INC.

Principal Place of Business	Mailing Address
141 N.E. 3RD AVENUE #604 MIAMI, FL 33132	141 N.E. 3RD AVENUE #604 MIAMI, FL 33132

2. Principal Place of Business	3. Mailing Address
2720 SW 97 AV	SAME
Suite, Apt. #, etc.: # 208	Suite, Apt. #, etc.:
City & State: MIAMI, FL	City & State:
Zip: 33165 Country: DADE	Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0583720 — Applied For / Not Applicable

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

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: X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

$600.00

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	PD QUEVEDO, JOSE 141 N.E. 3RD AVENUE MIAMI, FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SEGUROLA, BARBARA 141 N.E. 3RD AVENUE MIAMI, FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)