

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90236 025 ***150.00

DOCUMENT # P02000058130

1. Entity Name
SEC INVESTMENTS, INC.



Principal Place of Business
**C/O SOFIA POWELL-COSIO PA
1900 S.W. 3RD AVE.
MIAMI FL 33129**

Mailing Address
**C/O SOFIA POWELL-COSIO PA
1900 S.W. 3RD AVE.
MIAMI FL 33129**



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

81-0556652

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

**POWELL-COSIO, SOFIA ESQ
1390 BRICKELL AVE SUITE 200
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Sofia Powell-Cosio P.A.**

Street Address (P.O. Box Number is Not Acceptable)
1900 S. W. 3rd. Avenue

City **Miami, FL**

Zip Code **33129**

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 Sofia Powell - Cosio**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
POLO, CAROLINA
3700 GALT OCEAN DRIVE APT 111
FT LAUDERDALE FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Eduardo Romero
3700 Galt Ocean Drive Apt. 111
Ft. Lauderdale, FL 33308**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE REQUIRED
CAROLINA POLO

Jan 31/03 (954) 564 5824

Date

Daytime Phone #

CR20034 (10/02)