

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

4/

04-02-2003 90098 030 \*\*\*150.00

DOCUMENT # P02000066074

1. Entity Name  
**SEGALMANN ENTERPRISES INC**



Principal Place of Business  
11326 NW 50 TERR  
MIAMI FL 33178

Mailing Address  
11326 NW 50 TERR  
MIAMI FL 33178



2. Principal Place of Business  
**4744 NW 113 PLACE**

3. Mailing Address  
**4744 NW 113 PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**33-1009343**

Applied For  
☐ Not Applicable

Zip  
**33178**

Country

Zip  
**33178**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERZVOLF, GABRIEL**  
11326 NW 50 TERR  
MIAMI FL 33178

Name  
**GERZVOLF, GABRIEL**

Street Address (P.O. Box Number is Not Acceptable)  
**4744 NW 113 PLACE**

City  
**MIAMI**

FL

Zip Code  
**33178**

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D PERALTA, ANA MARIA**  
STREET ADDRESS **11326 NW 50 TERR**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☒ Change ☐ Addition  
NAME **D PERALTA, ANA MARIA**  
STREET ADDRESS **4744 NW 113 PLACE**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete  
NAME **D ESPINOSA, JULIO C**  
STREET ADDRESS **11326 NW 50 TERR**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☒ Change ☐ Addition  
NAME **D ESPINOSA, JULIO C**  
STREET ADDRESS **4744 NW 113 PLACE**  
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/2003

305-468-1860

Date

Daytime Phone

CR2034 (10/02)