

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90106 014 ***150.00

DOCUMENT # P93000051036

1. Entity Name

SERIES INVESTMENTS LIMITED, INC.

Principal Place of Business

Mailing Address

**181 CRANDON BLVD.
 KEY COLONY NO. 4
 KEY BISCAVNE FL 33149**

**C/O SHELDON EVANS, P.A.
 6175 NW 153RS SUITE 215
 MIAMI LAKES FL 33014
 US**

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

65-0429455

Applied For

Not Applicable

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

**EVANS, SHELDON P.A.
 6175 NW 153RD STREET SUITE 215
 BLDG. A SUITE 209
 MIAMI LAKES FL 33014**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **DE LUQUI, LIA DE K**
 STREET ADDRESS **181 CRANDON BLVD. UNIT 306 KEY COLONY#4**
 CITY-ST-ZIP **KEY BISCAVNE FL 33149**

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

TITLE **S** ☐ Delete
 NAME **DE LUQUI, LIA DE K.**
 STREET ADDRESS **181 CRANDON BLVD. UNIT 306 KEY COLONY #4**
 CITY-ST-ZIP **KEY BISCAVNE FL 33149**

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 CITY-ST-ZIP ☐ Change ☐ 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: **#14**

LIA DE K DE LUQUI, PRESIDENT

Date

Daytime Phone #

CR2E034 (9/01)