

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

0672613
FP

DOCUMENT # P93000051036

1. Entity Name
SERIES INVESTMENTS LIMITED, INC.



03 MAY 29 PM 1:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
181 CRANDON BLVD.
KEY COLONY NO. 4
KEY BISCAYNE FL 33149

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

2. Principal Place of Business

3. Mailing Address
3074 LAKEWOOD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WESTON FL.

4. FEI Number

65-0429455

Applied For
Not Applicable

Zip

Zip
33332

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3074 LAKEWOOD CIRCLE
City WESTON FL Zip Code 33332

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

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

(NOTE: Registered Agent signature required when reinstating)

4/19/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD DE LUQUI, LIA DE K 181 CRANDON BLVD. UNIT 308 KEY COLONY #4 KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600020514356 06/04/03-01034-001 ***2700.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lia De K. De Luqui*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LIA DE K. DE LUQUI

March 3, 2003
Daytime Phone #

CR2E034 (10/02)

7/1/20