

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 29 PM 1:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

0679613 FP

DOCUMENT #	P93000051036
1. Entity Name	SERIES INVESTMENTS LIMITED, INC.



Principal Place of Business 181 CRANDON BLVD. KEY COLONY NO. 4 KEY BISCAVNE FL 33149	Mailing Address C/O SHELDON EVANS, P.A. 6175 NW 153RS SUITE 215 MIAMI LAKES FL 33014 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3074 LAKEWOOD CIRCLE Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State WESTON FL.	4. FEI Number 65-0429455
Zip 33332	Country

Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

8. 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
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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 <u>Sheldon Evans</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/19/03</u>

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LUQUI, LIA DE K 181 CRANDON BLVD. UNIT 308 KEY COLONY #4 KEY BISCAVNE FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE LUQUI, LIA DE K. 181 CRANDON BLVD. UNIT 308 KEY COLONY #4 KEY BISCAVNE FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600020514356 06/04/03--01034--001 **2700.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Lia de K. De Luqui</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>March 3, 2003</u> Daytime Phone #
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CR2E034 (11/02)

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