

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90072 011 ***150.00

DOCUMENT # P95000031654

1. Entity Name
SEVILLA LATH, INC.

Principal Place of Business 4131 WOODS EDGE CIR #A PALM BEACH GARDENS FL 33410 US	Mailing Address 4131 WOODS EDGE CIR #A PALM BEACH GARDENS FL 33406-4316 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2647 Flamango Ct. South Suite, Apt. #, etc. WEST PALM BCH. Florida City & State 33406 USA	3. Mailing Address 2647 Flamango Ct. South Suite, Apt. #, etc. WEST PALM BCH. Florida City & State 33406 USA
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4. FEI Number **65-0580362** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SEVILLA, JUAN A
 4131 WOODS EDGE CIR
 #A
 PALM BEACH GARDES FL 33410**

7. Name and Address of New Registered Agent
 Name **SEVILLA JUAN A.**
 Street Address (P.O. Box Number is Not Acceptable)
**2647 Flamango Ct. South
 WEST PALM BCH. FL. 33406**
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE PD	<input type="checkbox"/> Delete
NAME SEVILLA, JUAN A	
STREET ADDRESS 4131 WOODS EDGE CIR, #A	
CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE VD	<input type="checkbox"/> Delete
NAME SEVILLA, ESTRELLA	
STREET ADDRESS 4131 WOODS EDGE CIR, #A	
CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEVILLA JUAN A.	
STREET ADDRESS 2647 Flamango Ct. South	
CITY-ST-ZIP WEST PALM BCH. FL. 33406	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEVILLA ESTRELLA	
STREET ADDRESS 2647 Flamango Ct. South	
CITY-ST-ZIP WEST PALM BCH. FL. 33406	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND ADDRESS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)