

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 19 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000007993

1. Entity Name
SIENNA INVESTMENTS, INC.



Principal Place of Business
P.O. BOX 561661
MIAMI, FL 33256-1661

Mailing Address
P.O. BOX 561661
MIAMI, FL 33256-1661

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0647838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESCAGEDO, GREGORIO I
13160 OLD CUTLER RD
25 S.E. 2ND AVE.
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name **ESCAGEDO, GREGORIO III**

Street Address (P.O. Box Number is Not Acceptable)

13160 OLD CUTLER ROAD

City

MIAMI

FL

Zip Code
33156

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

Gregorio Escagedo III

(NOTE: Registered Agent signature required when reinstating)

DATE

Nov 6 2003

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.25
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 **D** ☐ Delete
NAME **ESCAGEDO, GREGORIO III**
STREET ADDRESS **13160 OLD CUTLER ROAD**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D** ☒ Delete
NAME **ESCAGEDO, ROSA**
STREET ADDRESS **13160 OLD CUTLER ROAD**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **300024853963**
STREET ADDRESS **11/19/03--01040--003**
CITY-ST-ZIP ****61.25**

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

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregorio Escagedo III

Date

Daytime Phone #

Nov 6, 2003

CR2EC34 (10/02)