

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

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91200 011 \*\*\*550.00

DOCUMENT # P96 0000 18283

1. Entity Name

SEGURA PROPERTIES CORP.

**DO NOT WRITE IN THIS SPACE**

B0124189

2. Principal Place of Business

7455 COLLINS AVE.

3. Mailing Address

1000 WEST AVENUE

Suite, Apt. #, etc.

SUITE 211

Suite, Apt. #, etc.

APT 312

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

Country

U.S.A.

Zip

33139

Country

U.S.A.

4. FEI Number

65-0643620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ARTUR MARANHÃO DE SOUZA

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

1000 WEST AVENUE

APT 312

City

MIAMI BEACH, FL

Zip Code

33139

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 resigning)

05/30/2002

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
ARTUR MARANHÃO DE SOUZA  
1000 WEST AVE., APT 312  
MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTUR MARANHÃO DE SOUZA

05/30/2002 (305) 586-6544

Date

Daytime Phone #