2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 14, 2000 8:00 am Secretary of State DOCUMENT # **P97000058558** 1. Entity Name SEGUI FINANCIAL SERVICES, CORP. 04-14-2000 90117 029 ***158.75 Principal Place of Business Mailing Address 8454 N.W. 8TH STREET, #8 8454 N.W. 8TH STREET. #8 **MIAMI FL 33126** MIAMI FL 33126-3745 2. Principal Place of Business 3. Mailing Address K605W 3 W STRITT Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0769901 Not Applicable **\$8.75**-Additional _ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEGUI, WILFREDO 8454 N.W. 8TH STREET #8 **MIAMI FL 33126** 8. The above named entity submits this statement for 🌿 purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ligible to satisfy its Intangible 9. This corporation is 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PT Change ☐ Addition TITLE ☐ Delete TITLE SEGUI, WILFREDO NAME NAME 8454 N.W. 8TH STREET, #8 10860 SW34STAET-T STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMIFE 33126 MIAMI PLA 33165 CITY-ST-ZIP Addition ☐ Change TITLE TITLE SEGUI, IRIS NAME 8454 N.W. 8TH STREET: #8 10860 SW 345 FREET STREET ADDRESS STREET ADDRESS MIAMI FL 33126 - MIAMI PLA 3316 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [] Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 ther like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR