

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90091 010 \*\*\*150.00

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**DOCUMENT # P97000084230**

1. Entity Name  
**SEVILLANA IMPORTS, INC.**

Principal Place of Business <b>12133 SW 131 AVE</b> <b>MIAMI FL 33186</b> <b>US</b>	Mailing Address <b>12133 SW 131 AVE</b> <b>MIAMI FL 33186</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0783770**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRENADEZ, JORGE A ESQ.**  
**150 ALHAMBRA CIR., STE. 1240**  
**CORAL GABLES FL 33134**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
DPT	BELLO FEO, JUAN H		
8VA TRANSVERSAL, PARCELA Q4 Y Q5	VALENCIA, VENEZUELA FL 33193		
DVPS	BELLO FEO, RICARDO E		
8VA TRANSVERSAL, PARCELA Q4 Y Q5	VALENCIA, VENEZUELA FL 33193		
VP	ESCALONA, MARAIMA		
6844 SW 114 PLACE, #D-59	MIAMI FL 33173		
VP	ESCALONA-OVIOL, MORAIMA		
7920 CAMINO REAL M201	MIAMI FL 33143-6720		

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: [Signature] **ESCALONA-OVIOL** 1/9/02 (707) 274-0885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)