

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90106 042 ***150.00

DOCUMENT # P98000005921

1. Entity Name
SERGES PROPERTIES INVESTORS, INC.



Principal Place of Business
**2024 NW 22ND CT
MIAMI FL 33142-7344
US**

Mailing Address
**1065 NE 125TH ST
317
N MIAMI FL 33161
US**

2. Principal Place of Business

3. Mailing Address

2024 N.W. 22nd Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

Zip

Country

Zip

Country

33142-7344

USA

4. FEI Number

65-0810234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SERRANO, SALVADOR
2024 NW 22ND CT
MIAMI FL 33142**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	VD	<input type="checkbox"/> Delete
NAME	SERRANO, SALVADOR	
STREET ADDRESS	2024 NW 22ND CT	
CITY-ST-ZIP	MIAMI FL 33142-7344	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CESPEDES, JOAQUIN A JR	
STREET ADDRESS	2024 NW 22ND CT	
CITY-ST-ZIP	MIAMI FL 33142-7344	
TITLE	S	<input type="checkbox"/> Delete
NAME	SERRANO, MARIA F	
STREET ADDRESS	2024 NW 22ND CT	
CITY-ST-ZIP	MIAMI FL 33142-7344	
TITLE	T	<input type="checkbox"/> Delete
NAME	CESPEDES, JACQUINE M	
STREET ADDRESS	2024 NW 22ND CT	
CITY-ST-ZIP	MIAMI FL 33142-7344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Salvador Serrano

Date

Daytime Phone #

305-636-1920

CR2E034 (10/02)