

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035189

1. Entity Name

SEGOVIA IMPORT DISTRIBUTION FLORIDA, INC.

**FILED**  
May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90014 017 \*\*\*158.75

Principal Place of Business

550 N.E. 20TH STREET  
SUITE 4A  
WILTON MANORS FL 33305

Mailing Address

550 N.E. 20TH STREET  
SUITE 4A  
WILTON MANORS FL 33305-2140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0849812

Applied For

Not Applicable

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

LUBIN, MICHAEL H  
550 N.E. 20TH STREET  
SUITE 4A  
WILTON MANORS FL 33305

Name

L. Eric LARSON

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

550 NE 20 ST. SUITE 4A

City

WILTON MANORS

FL

Zip Code

33305

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

*L. Eric Larson* L. Eric LARSON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	PALMQUIST, INGMAR	
STREET ADDRESS	550 N.E. 20TH STREET SUITE 4A	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLAUSSENT, CHRIS	
STREET ADDRESS	550 N.E. 20TH STREET SUITE 4A	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILENIUS, YVONNE	
STREET ADDRESS	550 N.E. 20TH STREET SUITE 4A	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMQUIST, GUNILLA	
STREET ADDRESS	550 N.E. 20TH STREET SUITE 4A	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	TS	<input type="checkbox"/> Delete
NAME	LARSON, ERIK	
STREET ADDRESS	550 N.E. 20TH STREET SUITE 4A	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE		<input type="checkbox"/> Delete
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

*L. Eric Larson* L. Eric LARSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 954-561-5949

Date

Daytime Phone #

CR2E034 (9/99)