

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070857

1. Entity Name
FRANK J. SEGREGO, P.A.



FILED

03 MAY -1 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
901 PONCE DE LEON BLVD., STE. 601
CORAL GABLES FL 33134

Mailing Address
901 PONCE DE LEON BLVD., STE. 601
CORAL GABLES FL 33134



2. Principal Place of Business

3. Mailing Address

9350 South Dixie Highway 9350 South Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1500

1500

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33150

USA

33150

USA

4. FEI Number 65-0856255

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

7. Name and Address of New Registered Agent

SEGREGO, FRANK J
901 PONCE DE LEON BLVD., STE. 601
CORAL GABLES FL 33134

Name
Segredo, Frank J
Street Address (P.O. Box Number is Not Acceptable)
9350 South Dixie Highway
City Miami FL Zip Code 33150

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME SEGREGO, FRANK J
STREET ADDRESS 901 PONCE DE LEON BLVD., STE. 601
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE DP
NAME Segredo, Frank J.
STREET ADDRESS 9350 South Dixie Highway Ste 1500
CITY-ST-ZIP Miami FL 33150. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)