

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 173495

1. Entity Name
SEFKO, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90122 041 ***158.75

Principal Place of Business

1000 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131
US

Mailing Address

1000 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131
US

2. Principal Place of Business

1000 Brickell Ave
Suite, Apt. #, etc. 920
City & State MIAMI FL
Zip 33131 Country USA

3. Mailing Address

1000 Brickell Ave
Suite, Apt. #, etc. 920
City & State MIAMI FL
Zip 33131 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6071507

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRONE, STEPHEN L.
1000 BRICKELL AVENUE
SUITE 900-920
MAIMI FL 33131

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.

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	AVANT, KATHERINE G.	
STREET ADDRESS	2405 ARDSON PLACE #803A	
CITY-ST-ZIP	TAMPA FL	
TITLE	PTAD	<input type="checkbox"/> Delete
NAME	PERRONE, STEPHEN L	
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AVANT-REIK, JACQUELINE	
STREET ADDRESS	44 SHAW LANE	
CITY-ST-ZIP	FT. THOMAS KY 41075	
TITLE	S	<input type="checkbox"/> Delete
NAME	FUENTE, JOSE E.	
STREET ADDRESS	8950 SW 156 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perrone, Stephen L.	
STREET ADDRESS	1000 Brickell Ave 920	
CITY-ST-ZIP	MIAMI FL 33131	
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

305-702-5503

Date

Daytime Phone #

CR2E034 (10/00)