2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 173495

Entity Name: SEFKO, INC.

City-St-Zip:

MIAMI, FL

FILED Apr 23, 2002 8:00 AM Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
1000 BRIC 920	KELL AVE					
MIAMI, FL	33131 US					
Current Mailing Address:			New Maili	New Mailing Address:		
1000 BRIC 920	KELL AVE					
MIAMI, FL	33131 US					
FEI Number	: 59-6071507	FEI Number Applied For ()	FEI Number Not Appl	icable()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1000 BRIC 920	E, STEPHEN L CKELL AVENU 33131 US					
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing it	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electror	ic Signature of Registered Ag	ent		Date	
•		o satisfy its Intangible Tax filing red g Trust Fund Contribution ().	uirement and elects to d	lo so (X).		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () AVANT, KATHE 2405 ARDSON TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PTAD () PERRONE, STI 1000 BRICKEL MIAMI, FL 331	L AVE 920	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () AVANT-REIK, J 44 SHAW LANE FT. THOMAS, K	·	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () FUENTE, JOSE 8950 SW 156 S		Title: Name: Address:	SD () FUENTE, JOS 8950 SW 156		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI, FL

SIGNATURE: STEPHEN L. PERRONE **PTAD** 04/23/2002