

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 173495

FILED
Mar 11, 2003
Secretary of State

Entity Name: SEFKO, INC.

Current Principal Place of Business:

1000 BRICKELL AVE
920
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1000 BRICKELL AVE
920
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 59-6071507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRONE, STEPHEN L.
1000 BRICKELL AVENUE
920
MAIMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AVANT, KATHERINE G.,
Address: 2405 ARDSON PLACE #803A
City-St-Zip: TAMPA, FL

Title: PTAD () Delete
Name: PERRONE, STEPHEN L
Address: 1000 BRICKELL AVE 920
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: AVANT-REIK, JACQUELI, NE
Address: 44 SHAW LANE
City-St-Zip: FT. THOMAS, KY 41075

Title: SD () Delete
Name: FUENTE, JOSE E.
Address: 8950 SW 156 ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: AVANT-REIK, JACQUELI, NE
Address: 2498 TROPICAL WAY COURT
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: STEPHEN L. PERRONE

PTAD

03/11/2003

Electronic Signature of Signing Officer or Director

Date