FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90976 046 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 666789

1. Entity Name
SEFA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10330 N. DALE MABRY	10330 N. DALE MABRY
Suite, Apt. #, etc. #110	Suite, Apt. #, etc. #110
City & State TAMPA, FL	City & State TAMPA, FL.
Zip 33618 Country Hillsborough	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2052540 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Abeles, JEFFREY L

Street Address (P.O. Box Number is Not Acceptable): 10330 N. DALE MABRY Suite 110

City: TAMPA FL Zip Code: 33618

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 _____ DATE 4/03/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
ST Abeles, JEFFREY L 10330 N. DALE MABRY TAMPA, FL 33618	
P Abeles, SUANNE E. 10330 N. DALE MABRY TAMPA, FL 33618	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date 4/3/03 Daytime Phone # 813-961-0097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR