

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001838

1. Entity Name

SEFKO CAPITAL, LTD.

FILED

01 APR 27 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business
1000 Brickell Ave

3. Mailing Address
1000 Brickell Ave

Suite, Apt. #, etc.
920

Suite, Apt. #, etc.
920

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0700072

Applied For
Not Applicable

Country
USA

Zip
33131

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI FL 33131

Name
Stephen L. Perrone
Street Address (P.O. Box Number is Not Acceptable)
1000 Brickell Ave. #920
City
MIAMI FL Zip Code
33131

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

4/20/01

9. Capital Contributions as Shown on record.
\$4,700,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000081375
NAME SEFKO CAPITAL, INC.
STREET ADDRESS 1000 BRICKELL AVENUE, SUITE 900
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS 1000 Brickell Ave #920
CITY-ST-ZIP MIAMI FL 33131

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 700004213367--1
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DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SEFKO CAPITAL, INC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/23/01 305-702-5503

0003695 AF

CR2E003 (11/00)