

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90228 022 ***150.00

DOCUMENT # P02000104057

1. Entity Name
EFEK TECHNOLOGIES, CORP.



Principal Place of Business

**216 N.W. 5TH AVENUE
HALLANDALE FL 33009**

Mailing Address

**216 N.W. 5TH AVENUE
HALLANDALE FL 33009**

2. Principal Place of Business

9304 N.W. 102 ST

3. Mailing Address

9304 N.W. 102 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

56-2301673

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PENA, ALEJANDRO

**216 N.W. 5TH AVENUE
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9304 NW 102 STREET

City

MIAMI

FL

Zip Code

33178

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **PENA, ALEJANDRO**
STREET ADDRESS **216 N.W. 5TH AVENUE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ Delete
NAME **PENA, FEDERICO**
STREET ADDRESS **216 N.W. 5TH AVENUE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **PENA ALEJANDRO**
STREET ADDRESS **9304 NW 102 STREET**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☒ Change ☐ Addition
NAME **PENA, FEDERICO**
STREET ADDRESS **9304 NW 102 STREET**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 (786) 337 7777

Date

Daytime Phone #

CR2E034 (10/02)