

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081375

1. Entity Name

SEFKO CAPITAL, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90075 047 ***158.75

Principal Place of Business

Mailing Address

1000 BRICKELL AVE
STE 900
MIAMI FL 33131
US

1000 BRICKELL AVE
STE 900
MIAMI FL 33131-3047
US

2. Principal Place of Business

1000 Brickell Ave.

3. Mailing Address

1000 Brickell Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

900

900

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

33131

U.S.A.

Zip

Country

33131

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0700075

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRONE, STEPHEN
1000 BRICKELL AVE
STE 900
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME PERRONE, STEPHEN L
STREET ADDRESS 1000 BRICKELL AVE STE 900
CITY-ST-ZIP MIAMI FL 33131

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

TITLE DS ☐ Delete
NAME FUENTE, JOSE E
STREET ADDRESS 8950 SW 156 ST
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME REIK, JACQUELINE A.
STREET ADDRESS 44 SHAWLANE
CITY-ST-ZIP FT THOMAS KY

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/00 305-702-5503

CR2E034 (9/99)