

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90108 024 \*\*\*150.00

**DOCUMENT #** P97000007672  
**1. Entity Name**  
 SEK INSTITUTIONAL COMMUNICATIONS CORP

**Principal Place of Business** **Mailing Address**

3700 N.W. 124th AVENUE  
 SUITE 137  
 CORAL SPRINGS, FL 33065

A0060886

**2. Principal Place of Business** **3. Mailing Address**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

650744580

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

ARAZOZA COMAS DE TORRES & FERNAN  
 DEZ-FRAGA  
 2100 SALZEDO STREET- SUITE #300  
 CORAL GABLES, FL 33134

**7. Name and Address of New Registered Agent**

Name

ARAZOZA & FERNANDEZ-FRAGA, P.A.

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

2100 SALZEDO STREET-SUITE #300

City

CORAL GABLES,

FL

Zip Code

33134

**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

1/13/01

**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, 2001 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**

|                 |                         |                                            |
|-----------------|-------------------------|--------------------------------------------|
| TITLE           | PD                      | <input checked="" type="checkbox"/> Delete |
| NAME            | BONET, JORGE SEGOVIA    |                                            |
| STREET ADDRESS  | 3700 NW 124TH AVE       |                                            |
| CITY - ST - ZIP | CORAL SPRINGS, FL 33065 |                                            |
| TITLE           | DT                      | <input checked="" type="checkbox"/> Delete |
| NAME            | MATIAS, RAMON ORTIZ     |                                            |
| STREET ADDRESS  | 3700 NW 124TH AVE       |                                            |
| CITY - ST - ZIP | CORAL SPRINGS, FL 33065 |                                            |
| TITLE           | DS                      | <input checked="" type="checkbox"/> Delete |
| NAME            | AGUILAR, SERGIO BATISTA |                                            |
| STREET ADDRESS  | 3700 NW 124TH AVE       |                                            |
| CITY - ST - ZIP | CORAL SPRINGS, FL 33065 |                                            |
| TITLE           | D                       | <input checked="" type="checkbox"/> Delete |
| NAME            | OLSON, MIGUEL ZAPATA    |                                            |
| STREET ADDRESS  | 3700 NW 124TH AVE       |                                            |
| CITY - ST - ZIP | CORAL SPRINGS, FL 33065 |                                            |
| TITLE           |                         | <input type="checkbox"/> Delete            |
| NAME            |                         |                                            |
| STREET ADDRESS  |                         |                                            |
| CITY - ST - ZIP |                         |                                            |
| TITLE           |                         | <input type="checkbox"/> Delete            |
| NAME            |                         |                                            |
| STREET ADDRESS  |                         |                                            |
| CITY - ST - ZIP |                         |                                            |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                 |                              |                                                                              |
|-----------------|------------------------------|------------------------------------------------------------------------------|
| TITLE           | P                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | ZORZO, LUIS MARTINEZ         |                                                                              |
| STREET ADDRESS  | 3700 NW 124TH AVE            |                                                                              |
| CITY - ST - ZIP | CORAL SPRINGS, FL 33065      |                                                                              |
| TITLE           | VP                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | MONTORO, JOSE GARRIGOS       |                                                                              |
| STREET ADDRESS  | 3700 NW 124TH AVE            |                                                                              |
| CITY - ST - ZIP | CORAL SPRINGS, FL 33065      |                                                                              |
| TITLE           | S                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | SANMIGUEL, SUSANA PERDIGUERO |                                                                              |
| STREET ADDRESS  | 3700 NW 124TH AVE            |                                                                              |
| CITY - ST - ZIP | CORAL SPRINGS, FL 33065      |                                                                              |
| TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                              |                                                                              |
| STREET ADDRESS  |                              |                                                                              |
| CITY - ST - ZIP |                              |                                                                              |
| TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> 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 #

4/17/01