

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90374 035 \*\*\*150.00

DOCUMENT #

1. Entity Name

THE SEIFERT FUND, INC

P970000

Principal Place of Business

Mailing Address

9930 S.W. 214TH ST  
 MIAMI, FL 33189

P.O. BOX 1270  
 HORMIGUEROS, PR 00660

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0760546

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

SEIFERT, WALTER L.  
 P.O. BOX 1270  
 HORMIGUEROS, PR 00660

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

*Walter Seifert*

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

(NOTE: Registered Agent signature required when reinstating)

4/10/02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	SEIFERT, WALTER L. M.D.	
STREET ADDRESS	P.O. BOX 1270	
CITY-ST-ZIP	HORMIGUEROS, PR 00660	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEIFERT, SONIA	
STREET ADDRESS	P.O. BOX 1270	
CITY-ST-ZIP	HORMIGUEROS, PR 00660	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEIFERT, OCEA	
STREET ADDRESS	9930 S.W. 214TH ST	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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

*Walter Seifert*

4/10/02