

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90476 008 ***150.00

DOCUMENT # P99000014384

1. Entity Name
EFE CORPORATION



Principal Place of Business
3808 NORTH TAMiami TRAIL
SARASOTA FL 34234

Mailing Address
3808 NORTH TAMiami TRAIL
SARASOTA FL 34234

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
65-0945867

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VENGROFF, HARVEY
3501 BAYOUSOUND
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

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. 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 **COB** ☐ Delete
NAME **VENGROFF, HARVEY**
STREET ADDRESS **3808 N TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **CEOC** ☐ Delete
NAME **WILLIAMS, ROBERT**
STREET ADDRESS **3808 N TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **P** ☐ Delete
NAME **VENGROFF, MARK**
STREET ADDRESS **2100 MAIN ST STE 250**
CITY-ST-ZIP **HUNTINGTON BEACH CA 93648**

TITLE **VP** ☐ Delete
NAME **VENGROFF, JOEL**
STREET ADDRESS **77 LARKFIELD ROAD**
CITY-ST-ZIP **COMMACK NY 11725**

TITLE **S** ☐ Delete
NAME **VENGROFF, KRISTY**
STREET ADDRESS **777 LARKFIELD ROAD**
CITY-ST-ZIP **CENTERPORT NY 11725**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 authority like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)