

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90053 021 ***158.75

DOCUMENT # P99000104844

1. Entity Name
DEFI, INC.

Principal Place of Business

C/O RF
~~201 S BISCAYNE BLVD SUITE 1600~~
MIAMI FL 33131

Mailing Address

C/O RF
~~201 S BISCAYNE BLVD SUITE 1600~~
MIAMI FL 33131

2. Principal Place of Business

2121 Ponce de Leon Blvd

3. Mailing Address

2121 Ponce de Leon Blvd

Suite, Apt. #, etc.

SUITE 721

Suite, Apt. #, etc.

SUITE 721

City & State

Coral Gables, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0966883

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CORPORATION COMPANY MIAMI~~
~~201 S BISCAYNE BLVD~~
~~1600 MIAMI CENTER~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name
ALBERT P VEGA

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

2121 Ponce de Leon Blvd. STE 721

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

9. This corporation is eligible to satisfy its Intangible
 C/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

TITLE **PD** ☐ Delete
 NAME **GETREIDE, PATRICK**
 STREET ADDRESS ~~C/O 1600 MIAMI CENTER 201 S. BIS. BLVD~~
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **S** ☒ Delete
 NAME ~~FRIEDBAUER, ROGER~~
 STREET ADDRESS ~~1600 MIAMI CENTER, 201 S. BISCAYNE BLVD~~
 CITY-ST-ZIP **MIAMI FL 33131**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **GETREIDE, PATRICK**
 STREET ADDRESS **2121 Ponce de Leon Blvd, STE 721**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **S** ☐ Change ☒ Addition
 NAME **ALBERT P VEGA**
 STREET ADDRESS **2121 Ponce de Leon Blvd. #721**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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

PATRICK GETREIDE

3/12/02

Date

Daytime Phone #

CR2E034 (9/01)