

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90139 015 ****61.25

DOCUMENT # N50201

1. Entity Name

SAFESPACE FOUNDATION, INC.



Principal Place of Business

**7831 NE MIAMI CTG
MIAMI FL 33138
US**

Mailing Address

**P O BOX 380964
MIAMI FL 33238
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 530521

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
Miami FL**

4. FEI Number **65-0353923**

Applied For

Not Applicable

Zip

Country

Zip

Country

33153

US

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

**RUDOLPH, PEGGY
7831 NE MIAMI COURT
MIAMI FL 33138**

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

Peggy Rudolph

2-25-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	GRAE-GRUBOSKI, KAREN	
STREET ADDRESS	P.O BOX 331172	
CITY-ST-ZIP	COCONUT GROVE FL 33233	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HUBBARD, JANE	
STREET ADDRESS	P O BOX 821805-1805	
CITY-ST-ZIP	SOUTH FLORIDA FL 33082	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUDOLPH, PEGGY	
STREET ADDRESS	321 NE 112 ST	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DARDEN, YVETTE	
STREET ADDRESS	16901 NE 19TH AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORAMANN	
STREET ADDRESS	16901 NE 19th Avenue	
CITY-ST-ZIP	North Miami Beach FL 33161	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peggy Rudolph

2-25-03-305 758-2804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

0070296