DOCUMENT # P9700010036  1. Entity Name  FLORIDA SAFARI ADVENTURES, INC.				Secretary of State 01-16-2002 90024 035 ***150.00			
Principal Place of Business 1925 NE 45TH ST., SUITE 132 FT. LAUDERDALE FL 33308 US		Mailing Address 1925 NE 45TH ST., SUITE 132 FT. LAUDERDALE FL 33308 US		9 U 5 U 6 G			
2. Principal Place of Business 3. Mailing Address		3. Mailing Address				I I I I I I I I I I I I I I I I I I I	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registe		<u> </u>	
			Name	Name			
BOLL, GABRIELLA 5201 NE 15TH AVENUE			Street Address (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE FL 33334							
			City	··	FL Zip Code	е	
8. The above	named entity submits this statement for t	he purpose of changing its reg	istered office or registe	ered agent, or both, in the State of Florida.	I		
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re-	gistered Agent signature require	ed when reinstating)	ATE.		
			FEE IS \$150.00 Fee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution.	_	<b>0</b> May Be	
11.	OFFICERS AND DI	<u> </u>	12.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete TITE BOLL, GABRIELLA S 5201 NE 15TH AVENUE  TITE NAM. STR.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABSHIONE/OFF HOLES	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAM STRE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ر نے پیششن	☐ Change	☐ Addition 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAM STRE		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby C	ertify that the information supplied with th	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP exemption stated in Se	ection 119.07(3)(i), Florida Statutes, I further	Change	Addition	

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:** 

2002 UNIFORM BUSINESS REPORT (UBR)