

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90500 034 \*\*\*150.00

**DOCUMENT # P98000059514**

1. Entity Name

**RISK MANAGEMENT SAFETY CONSULTANTS, INC.**

*RISK MANAGEMENT BUSINESS CONSULTANTS, INC.*

Principal Place of Business

Mailing Address

261 NAVARRE AVE., #301  
 CORAL GABLES FL 33134

261 NAVARRE AVE., #301  
 CORAL GABLES FL 33134

C0033567



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*700 BILTMORE WAY*

*700 BILTMORE WAY*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*1208*

*1208*

City & State

City & State

*CORAL GABLES, FL*

*Coral Gables, FL*

Zip

Country

Zip

Country

*33134 USA*

*33134 USA*

4. FEI Number **65-0881818**

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

**MALOOF, AL**  
**261 NAVARRE AVE**  
**SUITE 301**  
**MIAMI FL 33134**

Name *AL MALOOF*

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

*700 BILTMORE WAY # 1208*

City

*Coral Gables, FL*

State

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

*Al Maloof / Pres.*

*3/10/01*

Signature, typed or printed name of registered agent, or both, if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>MAY, BRIAN</b> <b>261 NAVARRE #301</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>MALOOF, AL</b> <b>261 NAVARRE #301</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(PSDT)</b> <b>AL MALOOF</b> <b>700 BILTMORE WAY, # 1208</b> <b>CORAL GABLES, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(D) MAY, B.</b> <b>700 BILTMORE WAY, # 1208</b> <b>CORAL GABLES, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Al Maloof / Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/01*

Date

*305-519-9076*

Daytime Phone #

CR2E034 (10/00)