

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101395

1. Entity Name

2 SAFEGUARD CORPORATION

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90091 025 \*\*\*158.75

Principal Place of Business

Mailing Address

8195 SW 142 TERRACE  
 MIAMI FL 33158-1546

8195 SW 142 TERRACE  
 MIAMI FL 33158-1546

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

65-0960908

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POUE, MARY P  
 8195 SW 142 TERRACE  
 MIAMI FL 33158-1546

Name

Boue, Mary Patricia

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.

SIGNATURE

Mary Patricia Boue, President

4/29/00

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

Tax filing requirement and elects to do so.  
 (See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 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 ☐ Delete  
 NAME Mary Patricia Boue  
 STREET ADDRESS 8195 SW 142 TERRACE  
 CITY-ST-ZIP MIAMI, FL 33158-1546

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

TITLE ☐ Delete  
 NAME SEC - TREASURER  
 STREET ADDRESS GEORGE BOUE  
 CITY-ST-ZIP SAME

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:

George Boue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00 (305) 254-5675

CR2E034 (9/99)