

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

261 NAVARRE AVE., #301
 CORAL GABLES FL 33134

Mailing Address

261 NAVARRE AVE., #301
 CORAL GABLES FL 33134

2. Principal Place of Business

700 BILTMORE WAY
 Suite, Apt. #, etc.
 1208

3. Mailing Address

700 BILTMORE WAY
 Suite, Apt. #, etc.
 1208

City & State

CORAL GABLES, FL
 Zip
 33134
 Country
 USA

City & State

CORAL GABLES, FL
 Zip
 33134
 Country
 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

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

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

(NOTE: Registered Agent signature required when reinstating)

3/10/01

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Al Maloof Pres.

3/10/01 305-519-9076
 Date Daytime Phone #

CR2E034 (10/00)