

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91759 045 ***150.00

DOCUMENT # P98000059514

1. Entity Name

RISK MANAGEMENT SAFETY CONSULTANTS, INC.

INSURANCE

NO N/C LW

Principal Place of Business

**700 BILTMORE WAY
 1208
 CORAL GABLES FL 33134**

Mailing Address

**700 BILTMORE WAY
 1208
 CORAL GABLES FL 33134**

2. Principal Place of Business

10151 DEERWOOD PK. BLVD.

Suite, Apt. #, etc.

BLDG# 200, SUITE 250-118

JACKSONVILLE, FL

Zip 32256

Country USA

3. Mailing Address

1155 BRICKELL BAY DRIVE

Suite, Apt. #, etc.

PENTHOUSE 2010

MIAMI, FL

Zip 33131

Country MIAMI-DADE



DO NOT WRITE IN THIS SPACE

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

**MALOOF, AL
 700 BILTMORE WAY
 # 1208
 MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name **AL MALOOF**

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

1155 BRICKELL BAY DRIVE

PENTHOUSE 2010

City

MIAMI

FL

Zip Code

33131

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

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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, 2002 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 **D** ☒ Delete
 NAME **MAY BRIAN**
 STREET ADDRESS **700 BILTMORE WAY # 1208**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VSD** ☐ Delete
 NAME **MALOOF, AL**
 STREET ADDRESS **700 BILTMORE WAY # 1208**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P.S.D** ☒ Change ☐ Addition
 NAME **AL MALOOF**
 STREET ADDRESS **1155 BRICKELL BAY DRIVE, # 2010**
 CITY-ST-ZIP **MIAMI, FL 33131**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

305-519-9076

Daytime Phone #

CR2E034 (9/01)