## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # F09781** Jan 14, 2000 8:00 am Secretary of State 1. Entity Name SOUTH EAST SAFETY EXPORT, INC. 01-14-2000 90030 048 \*\*\*150.00 Principal Place of Business Mailing Address 0351 NW 39TH PLACE P.O. BOX 8921 CORAL SPRINGS FL 33075-8921 CORAL SPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2044041 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAGY, CHARLES W. Street Address (P.O. Box Number is Not Acceptable) 111 SW THIRD STREET MIAMI FL 33130 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE PD ☐ Delete NAME NAGY, CHARLES W. STREET ADDRESS STREET ADDRESS 10351 NW 39TH PL CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME FUSTOK, MONSOUR STREET ADDRESS STREET ADDRESS 111 SW 3RD ST CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Addition Change TITLE ☐ Delete NAME NAGY, CONCETTA A. NAME STREET ADDRESS STREET ADDRESS 10351 NW 39TH PLACE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 strue 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 employeered 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 the other like impowered.

Charles W. Nagy, President-Director

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