## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2004 8:00 am Secretary of State DOCUMENT # G74822 04-30-2004 90346 036 \*\*\*150.00 yrsafe Equipment Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO SOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code FL 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 (NOTE: Begistered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150:00 After May 1, Fee is \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution Amended UBR is \$61.25 Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS THLE TITLE Reinaldo (ano NAME NAME HIJIETH PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Norbert GolebiewsKi NAME NAME 8800 NE 2ND Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DIDE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST- ZIF CITY-ST-ZIP · TRILE : TANK COURSE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 a provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other time empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7P

President 4/26/04 (305-594-767)