

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J89346

1. Entity Name

SAFE AIR INT'L, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90213 018 ***150.00

Principal Place of Business

750 S.W. 34TH STREET
FT. LAUDERDALE FL 33315
US

Mailing Address

750 S.W. 34TH STREET
FT. LAUDERDALE FL 33315-3632
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1020 N.W. 62 St.

3. Mailing Address

1020 N.W. 62 St.

Suite, Apt. #, etc.

Henger #2

Suite, Apt. #, etc.

Henger #2

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33309

Country

FL, U.S.

Zip

33309

Country

U.S.

4. FEI Number

65-0006506

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORNA, MAYRA
750 SW 34TH ST
STE 252
FT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

MAYRA HORNA

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

1020 N.W. 62 St. Henger #2

City

Florida

FL

Zip Code

33309

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]*

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

(NOTE: Registered Agent signature required when reinstating)

04/2/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ACRICH, RUBEN	
STREET ADDRESS	5575 TADWORTH	
CITY-ST-ZIP	W. BLOOMFIELD MI	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ACRICH, SUSAN	
STREET ADDRESS	750 SW 34TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HORNA, MAYRA	
STREET ADDRESS	14305 SW 57 LANE, UNIT 12	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNA, LUCIANO	
STREET ADDRESS	1020 N.W. 62 St. Henger #2	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAYRA HORNA

Date

Daytime Phone #

4/2/00

CR05034 (0/00)