

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91616 015 ***150.00

DOCUMENT # M59382

1. Entity Name
SAFIRA INVESTMENTS, INC.

Principal Place of Business
1042 N.E. 140TH STREET
NORTH MIAMI FL 33181
US

Mailing Address
20533 BISCAYNE BLVD
#4-101
MIAMI FL 33180
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20533 BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.
#4-101

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33180 Country
US

Zip Country

4. FEI Number **65-0021727**

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

GOLDSZMIDT, EMANUEL
20533 BISCAYNE BLVD
#4-101
MIAMI FL 33180

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GOLDSZMINDT, EMANUEL 20533 BISCAYNE BLVD #4-101 MIAMI FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDSZMIDT, ESTRELLA 20533 BISCAYNE BLVD., #4-101 MIAMI FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/29/2002** Daytime Phone #: **305-682-8085**

UBR/90/AY
 CR2E034 (9/01)