

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000993

1. Entity Name
SAFE-LITE, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:07

Principal Place of Business

Mailing Address

~~1050 S DIXIE HWY~~ 4861 N. DIXIE HWY
~~SUITE 3CD~~ SUITE 205
~~BOCA RATON FL 33432~~ OAKLAND PARK
FL 33334

~~1050 S DIXIE HWY~~ 4861 N. DIXIE HWY
~~SUITE 3CD~~ SUITE 205
~~BOCA RATON FL 33432~~ OAKLAND PARK
FL 33334



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3449062

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

WOLOK, SANFORD

~~1050 S DIXIE HWY~~ 4861 N. DIXIE HWY

~~SUITE 3CD~~ SUITE 205

~~BOCA RATON FL 33432~~ OAKLAND PARK, FL 33334

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEM ☐ Delete
NAME WOLOK, SANFORD
STREET ADDRESS ~~1050 S DIXIE HWY #3CD~~ 4861 N. DIXIE HWY 205
CITY-ST-ZIP ~~BOCA RATON FL 33432~~ OAKLAND PARK FL 33334

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500003121555--6
-02/02/00 01/04/00
*****50.00 ☐ Change ☐ Addition *****50.00

TITLE MEM ☐ Delete
NAME KOTLER, ARIE
STREET ADDRESS ~~1050 S DIXIE HWY #3CD~~ 4861 N. DIXIE HWY 205
CITY-ST-ZIP ~~BOCA RATON FL 33432~~ OAKLAND PARK FL 33334

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-26-2000 1-877-416-8855