

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000993

1. Entity Name

SAFE-LITE, L.L.C.

FILED

01 JAN 29 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4861 N. DIXIE HIGHWAY, SUITE 205
OAKLAND PARK FL 33324

Mailing Address
4861 N. DIXIE HIGHWAY, SUITE 205
OAKLAND PARK FL 33324

2. Principal Place of Business
12847 Hampton Lakes
Suite, Apt. #, etc.

3. Mailing Address
12847 Hampton Lakes
Suite, Apt. #, etc.

City & State
BAYTON BEACH FL
Zip 33436 Country USA

City & State
BAYTON BEACH FL
Zip 33436 Country USA

4. FEI Number 38-3449062
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WOLOK, SANFORD
4861 N. DIXIE HIGHWAY, SUITE 205
OAKLAND PARK FL 33324

7. Name and Address of New Registered Agent
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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WOLOK, SANFORD 4861 N. DIXIE HIGHWAY, SUITE 205 OAKLAND PARK FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM KOTLER, ARIE 4861 N. DIXIE HIGHWAY, SUITE 205 OAKLAND PARK FL 33324 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SANFORD WOLOK 12847 Hampton Lakes Circle BAYTON BEACH FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003654367-9 -02/06/01--01083-008 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

John Robert Bied Accountant

1-22-01

961 638 9452

CR2E083 (11/00)