

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90009 020 ****61.25

DOCUMENT # N00000004773

1. Entity Name

S.A.F.E. FOUNDATION INC.

Principal Place of Business

Mailing Address

**371 NE 117 STREET
 MIAMI FL 33161**

**371 NE 117 STREET
 MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1724629

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

**CIPOLLA, ROSEMARY
 7441 WAYNE AVE. #10B
 MIAMI BEACH FL 33141**

Name **CIPOLLA ROSEMARY**

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

371 NE 117th St

City **MIAMI**

FL

Zip Code **33161**

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

ROSEMARY CIPOLLA

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

Rosemary Cipolla

(NOTE: Registered Agent signature required when reinstating)

4/24/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **CIPOLLA, ROSEMARY**
 STREET ADDRESS **7441 WAYNE AVE. #10B**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **DP** ☒ Change ☐ Addition
 NAME **CIPOLLA, ROSEMARY**
 STREET ADDRESS **371 NE 117th St**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE **SD** ☐ Delete
 NAME **CIPOLLA, ANTHONY**
 STREET ADDRESS **7441 WAYNE AVE. #10B**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **DS** ☒ Change ☐ Addition
 NAME **CIPOLLA ANTHONY**
 STREET ADDRESS **371 NE 117th St**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE **D** ☐ Delete
 NAME **CIPPOLA, CYCL**
 STREET ADDRESS **7441 WAYNE AVE. #10B**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **D** ☒ Change ☐ Addition
 NAME **CIPOLLA CYD**
 STREET ADDRESS **371 NE 117 St**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE **VPD** ☐ Delete
 NAME **MODY, RENU**
 STREET ADDRESS **1717 NORTH BAYSHORE DR #2234**
 CITY-ST-ZIP **MIAMI FL 33132**

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

TITLE **TD** ☐ Delete
 NAME **DURESKEY, DAVID**
 STREET ADDRESS **2100 SWEET GUM AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROSEMARY CIPOLLA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 305-283-4444
 Date Residing Phone #

CR2E037 (9/01)