

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90104 026 ****70.00

DOCUMENT # N01000008007

1. Entity Name

THE LORDS FIRST PLACE OF SAFETY INC.

Principal Place of Business

Mailing Address

1311 NW 170 TERR
 MIAMI FL 33169

1311 NW 170 TERR
 MIAMI FL 33169

2. Principal Place of Business

1311 NW 170 TERR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL Miami

City & State

Zip

FL 33169

Country

DADE

Zip

Country

4. FEI Number

NAME OF CORP.
 TO BE CORRECTED

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFITHS, LENA M
 1311 NW 170 TERR
 MIAMI FL 33169

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

9/9/02

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 ☐ Delete
 NAME D
 STREET ADDRESS GRIFFITHS, LENA M
 CITY-ST-ZIP 1311 NW 170 TERR
 MIAMI FL 33169

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS YOLANDA, MARSHA
 CITY-ST-ZIP 38010402 KEYS COMPLEX APT 104
 GAINESVILLE FL 32612 (ADDRESS CHANGE)

TITLE ☒ Change ☐ Addition
 NAME VICE PRESIDENT
 STREET ADDRESS YOLANDA MARSHA
 CITY-ST-ZIP 95 NW 209 ST
 MIAMI FL 33169

TITLE ☐ Delete
 NAME D
 STREET ADDRESS THOMAS, LEONA
 CITY-ST-ZIP 1553 SW 119TH AVE
 PEMBROKE PINES FL 33025 (ADDRESS CHANGE)

TITLE ☒ Change ☐ Addition
 NAME SECRETARY
 STREET ADDRESS THOMAS LEONA
 CITY-ST-ZIP 12007 NW 15 AVE
 PEMBROKE PINES FL 33025

TITLE ☒ Delete
 NAME D
 STREET ADDRESS MONTERTH, BRENDA
 CITY-ST-ZIP 10900 SW 145 PL
 MIAMI FL 33186

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS CHEN, CHERAE
 CITY-ST-ZIP 14620 SW 156TH AVE
 MIAMI FL 33196

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
ID# NO1000008007

872 375

9/10/02

THE WORDS FIRST PLACE
of Safety Inc
1311 NW 170 TERR
Miami FL 33164

Dear Sir/Madam,

The renewal of this
corporation was not done earlier due
to an illness of the President of this
corporation.

Please excuse this late renewal.
Thank you for your cooperation.

Yours Sincerely,
Lena G. Galt