

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22887

1. Entity Name

OPERATION SAFEDRIVE, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90069 012 ****70.00

Principal Place of Business	Mailing Address
524 E. COLLEGE AVENUE #2 TALLAHASSEE FL 32303 US	524 E. COLLEGE AVENUE #2 TALLAHASSEE FL 32301-2529 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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32301

6. Name and Address of Current Registered Agent

MILSTEIN, RICHARD C ESQ
801 BRICKELL AVENUE 24TH FLOOR
MIAMI FL 33131

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GIEVERS, KAREN A	
STREET ADDRESS	524 E. COLLEGE AVENUE, #3	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S/TR	<input type="checkbox"/> Delete
NAME	MILSTEIN, RICHARD	
STREET ADDRESS	801 BRICKELL AV, 24TH FLR	
CITY-ST-ZIP	MIAMI FL	
TITLE	PVD	<input type="checkbox"/> Delete
NAME	GONZALEZ, ERVIN A.	
STREET ADDRESS	100 S BISCAYNE BLVD #900	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GIEVERS, KAREN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GONZALEZ, ERVIN A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1/6/2000 850 2221961