

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44311

1. Entity Name

ENVIRONMENTAL SAFETY SEMINARS INC.

Principal Place of Business

10516 SW 112TH AVE
MIAMI FL 33176
US

Mailing Address

10516 SW 112TH AVE
MIAMI FL 33176-8216
US

2. Principal Place of Business

10516 SW 112TH AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33176

Country

USA

4. FEI Number

65-0260902

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, ROBIN N.
10516 S.W. 112 AVE.
MIAMI FL 33181

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

Robin N. Chambers

(NOTE: Registered Agent signature required when reinstating)

DATE

Robin N. Chambers 4/29/00

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
NAME CHAMBERS, ROBIN N.
STREET ADDRESS 10516 S.W. 112 AVE.
CITY-ST-ZIP MIAMI FL 33176

TITLE TD
NAME CHAMBERS, PATRICIA L
STREET ADDRESS 10516 S.W. 112 AVE.
CITY-ST-ZIP MIAMI FL 33176

TITLE VD
NAME LYONS, JOAN
STREET ADDRESS 10200 SW 164 TERR
CITY-ST-ZIP MIAMI FL

TITLE D
NAME LYONS, JOHN
STREET ADDRESS 16480 SW 102 AVE
CITY-ST-ZIP MIAMI FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 #

Robin N. Chambers President

4/29/00 305 229 9664



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)