

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001635

1. Entity Name

SOUTH FLORIDA SAFETY PROGRAM INCORPORATED

Principal Place of Business

18731 S. DIXIE HWY
MIAMI FL 33157

Mailing Address

18731 S. DIXIE HWY
MIAMI FL 33157

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0845280

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PESCHIERA, GONZALO J
13425 SW 151 TR
MIAMI FL 33186

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

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PESCHIERA, GONZALO J	
STREET ADDRESS	13425 SW 151 TR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	PESCHIERA, MARIA M	
STREET ADDRESS	13425 SW 151 TR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	PESCHIERA, RICARDO	
STREET ADDRESS	13425 SW 151 TR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DIRECTOR	
NAME	PESCHIERA, MARCELLO	<input type="checkbox"/> Delete
STREET ADDRESS	13425 SW 151 TR	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	PESCHIERA, ISABELLA	
STREET ADDRESS	13425 SW 151 TR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002

Date

305-255-7118

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-27-2002 90497 032 ****61.25



DO NOT WRITE IN THIS SPACE

005002

CR2037 (9/01)