

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000001621**

1. Entity Name

SAFE BOATING INSTITUTE, INC.

Principal Place of Business

**12680 SW 144TH TERR.
MIAMI FL 33186**

Mailing Address

**12680 SW 144TH TERR.
MIAMI FL 33186**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**WEISBERG, ALVIN
12680 SW 144TH TERR.
MIAMI FL 33186**

4. FEI Number

65-0818210

Applied For

Not Applicable

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

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 Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WEISBERG, ALVIN	
STREET ADDRESS	12680 SW 144 TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, JOHN III	
STREET ADDRESS	150 61 S WATERFORD DR	
CITY-ST-ZIP	DAVE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, ALFREDO	
STREET ADDRESS	3140 HIDDEN HOLLOW LN	
CITY-ST-ZIP	DAVE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LUIS	
STREET ADDRESS	11220 SW 50 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
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		<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		
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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 all other like empowered.

SIGNATURE:

Signature Required Weisberg

1/20/01 305-595-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90428 035 ****61.25



DO NOT WRITE IN THIS SPACE