

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91182 039 \*\*\*150.00

DOCUMENT # P00000003052

1. Entity Name

FLORIDA HEALTH & SAFETY INSTITUTE, INC.



Principal Place of Business

18331 NW 7TH AVENUE  
MIAMI, FL 33169

Mailing Address

6333-B MIRAMAR PARKWAY  
MIRAMAR, FL 33023

*But to date have not been of*  
**90130011**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6333-B MIRAMAR PARKWAY

Suite, Apt. #, etc.  
B

City & State

MIRAMAR, FL 33

Zip

33023

Country

BROWARD

4. FEI Number

65-0984111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003, Fee will be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GARRICK, HAROLD G	
STREET ADDRESS	18331 NORTHWEST 7TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARRICK, KURT L	
STREET ADDRESS	18331 NORTH WEST 7TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARRICK, ACHERRIANA A	
STREET ADDRESS	18331 NORTH WEST 7TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRICK, NICOLE S	
STREET ADDRESS	18331 NORTH WEST 7TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33169	
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 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6333-B Miramar Pkwy	
STREET ADDRESS	Miramar FL 33023	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6333 B Miramar Parkway	
STREET ADDRESS	Miramar, FL 33023	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6333 B Miramar Parkway	
STREET ADDRESS	Miramar, FL 33023	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6333 B Miramar Parkway	
STREET ADDRESS	Miramar, FL 33023	
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 607, 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:

*H. Garrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

Daytime Phone #