

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

0041668 AV

DOCUMENT # **P00000013894**

1. Entity Name
JOSE MARTIN SAFDIE P.A.

08-24-2001 90006 030 ***150.00

Principal Place of Business
5445 COLLINS AVENUE #911
MIAMI BEACH FL 33140

Mailing Address
5445 COLLINS AVENUE #911
MIAMI BEACH FL 33140

UR

C0075672



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

19333 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#406

City & State

City & State

SUNNY ISLES

4. FEI Number

65-0979883

Applied For

Not Applicable

Zip

Country

Zip

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAFDIE, JOSE MARTIN
5445 COLLINS AVENUE #911
MIAMI BEACH FL 33140

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAFDIE, JOSE MARTIN 5445 COLLINS AVENUE #911 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/15/01
Date

Daytime Phone #

CR2E034 (5/01)

Attachment
D# P00000013894-C0075672

08/15/01


To: DEPARTMENT of STATE
DIVISION of CORPORATIONS

Subject: JOSE MARTIN SAFOIE P.A.

As per our phone conversation on 08/14/01,
in which I never received the first annual
report form, include please find the second
report I received from your office with the
original fee of \$150⁰⁰ as discussed.

Sorry for any inconvenience we could have
caused

Sincerely yours

X 
JOSE MARTIN SAFOIE PA