

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90066 017 ***150.00

DOCUMENT # P00000056957

1. Entity Name
SAFETY DEPOT, INC.

Principal Place of Business

Mailing Address

**2921 CORAL WAY
 MIAMI FL 33145
 US**

**2921 CORAL WAY
 MIAMI FL 33145
 US**



2. Principal Place of Business

3. Mailing Address

6442 S.W. 37 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

4. FEI Number

65-1030162

Applied For

Not Applicable

Zip

Country

Zip

Country

33155

USA

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

**JIMENEZ, LUCY T
 941 JADE CT
 WESTON FL 33326**

Name
Lucy T. Jimenez
 Street Address (P.O. Box Number is Not Acceptable)
6442 S.W. 37 ST.

City **MIAMI** FL Zip Code **33155**

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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
**PSTD
 JIMENEZ, LUCY T
 941 JADE CT
 WESTON FL 33326** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 JIMENEZ, LUCY T
 6442 S.W. 37 ST.
 MIAMI, FL 33155** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 JIMENEZ, JUAN
 941 JADE CT.
 WESTON FL 33326** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 JIMENEZ, JUAN
 6442 S.W. 37 ST.
 MIAMI, FL 33155** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

Lucy T. Jimenez

2/27/02 305-569-0776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)