

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P000000082846*

1. Entity Name

Safe Electric Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

342 Main St.

3. Mailing Address

Suite, Apt. #, etc.

PMB 646

Suite, Apt. #, etc.

City & State

Windermere FL

City & State

Zip

34786

Country

USA

Zip

Country

4. FEI Number

65-1037368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Eliezer Itkin

Street Address (P.O. Box Number is Not Acceptable)

17500 N. BAY Rd #603

City

Sunny Isles

FL

Zip Code

33160

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Pres.
Eliezer Itkin
17500 N. BAY Rd #603
Sunny Isles FL 33160*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*V.P.
Ivan Torres
611 S. Park Av.
Winter Garden FL 34787*

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other duly empowered.

SIGNATURE: *Eliezer Itkin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)