

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

FILED

02 OCT -7 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

**SAFE ELECTRIC CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**611 S Park Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Winter Garden**

City & State

**FL**

4. FEI Number

**65-1037368**

Applied For

Not Applicable

Zip

**34787**

Country

**OrANGE**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Irene Socol**

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

**611 S Park Ave**

City

**Winter Garden**

**FL**

Zip Code  
**34787**

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

**Irene Socol, VP**

**10/01/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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

**Pres.**

STREET ADDRESS  
CITY-ST-ZIP

**Rigoberto Vasquez**

**1597 Meridian Rd**

**W Palm Beach FL 33417**

TITLE  
NAME

**VP**

STREET ADDRESS  
CITY-ST-ZIP

**Irene Socol**

**611 S Park Ave**

TITLE  
NAME

**Winter Garden FL 34787**

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

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IN THIS SPACE**

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 like empowered.

SIGNATURE: *Irene Socol*

**Irene Socol, VP**

**10/01/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)