

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90185 048 ***150.00

DOCUMENT # P00000090018

1. Entity Name

SAFEWEBMEDICAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 E. Broward Blvd.

Suite, Apt. #, etc.

17th Floor

City & State

Ft. Lauderdale, FL

Zip

33301

Country

3. Mailing Address

110 E. Broward Blvd.

Suite, Apt. #, etc.

17th Floor

City & State

Ft. Lauderdale, FL

Zip

33301

Country

4. FEI Number

65-1042817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sherwin P. Simmons, P.A.

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

200 S. Biscayne Blvd.

Suite 4000

City

Miami

FL

Zip Code
33131

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 resigning)

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 D/P
NAME Vincent K. Chhabra
STREET ADDRESS 110 E. Broward Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE Chairman/Vice President
NAME Naresh Chhabra
STREET ADDRESS 110 E. Broward Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE Secretary/Treasurer
NAME Sabina K. Faruqui
STREET ADDRESS 110 E. Broward Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33301

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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)(f), 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vincent K. Chhabra, President

Date

Daytime Phone #

CR2E034B (12/01)