

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90039 005 ***150.00

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DOCUMENT # P01000010388
 1. Entity Name
E. SAFRA, INC.

Principal Place of Business Mailing Address
5225 COLLINS AVE. #119 ~~**5225 COLLINS AVE. #119**~~
MIAMI BEACH FL 33140 ~~**MIAMI BEACH FL 33140**~~



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. % **STEVEN DUBOSE CPA**
Suite # 1119 **11040 SW 58 TERR**
 City & State City & State
MIAMI FL

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1138014 Not Applicable
 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
SAFRA, EZRA
5225 COLLINS AVE. #119 #1119
MIAMI BEACH FL 33140

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.
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	D SAFRA, EZRA 5225 COLLINS AVE. #119 #1119 MIAMI BEACH FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: **X** **EZRA SAFRA** x **03/05/02** (209) 412 1204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)