

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90274 045 \*\*\*150.00

**DOCUMENT # P01000021783**

1. Entity Name  
**SAFETYWARE SYSTEM INC.**

Principal Place of Business  
**3622 TERRAPIN LANE**  
**APT. 1007**  
**CORAL SPRINGS FL 33067**

Mailing Address  
**3622 TERRAPIN LANE**  
**APT. 1007**  
**CORAL SPRINGS FL 33067**

2. Principal Place of Business  
**3622 Terrapin Lane**

3. Mailing Address  
**3622 Terrapin Lane**

Suite, Apt. #, etc.  
**Apt 1007**

Suite, Apt. #, etc.  
**Apt 1007**

City & State  
**Coral Springs FL**

City & State  
**Coral Springs - FL**

Zip  
**33067**

Country  
**USA**

Zip  
**33067**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1082335**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MILLENNIA CONSULTING SERVICES, INC.**  
**20630 BISCAYNE BLVD**  
**AVENTURA FL 33180**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>PD JUNIOR, WILLIAM ANZAI</b>	<b>3622 TERRAPIN LANE, APT. 1007</b>	<b>CORAL SPRINGS FL 33067</b>				
	<b>VSD ANZAI, MARLENE BAESA</b>	<b>3622 TERRAPIN LANE, APT. 1007</b>	<b>CORAL SPRINGS FL 33067</b>				

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: **WILLIAM ANZAI** **04/24/02** **(954) 2540349**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)