

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

02-11-2002 90069 009 ***150.00

DOCUMENT # P01000031804

1. Entity Name
STEZ & SAFER CORP.

Principal Place of Business
25 SE 2ND AVENUE SUITE 220
MIAMI FL 33131

Mailing Address
25 SE 2ND AVENUE SUITE 220
MIAMI FL 33131

- 17889



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
150 SE 2ND AVENUE
 Suite, Apt. #, etc.
#1200

3. Mailing Address
150 SE 2ND AVENUE
 Suite, Apt. #, etc.
#1200

4. FEI Number
52-2307274

Applied For
 Not Applicable

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33131

Country
U.S.

Zip
33131

Country
U.S.

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

ROSEN, BORIS
25 SE 2ND AVENUE SUITE 220
MIAMI FL 33131

Name **BORIS ROSEN**
 Street Address (P.O. Box Number is Not Acceptable)
150 SE 2ND AVENUE, SUITE #1200
 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 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 **PD** ☐ Delete
 NAME **HALAC, FERNANDO A**
 STREET ADDRESS **25 SE 2ND AVENUE SUITE 220**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
 NAME **150 SE 2ND AVENUE, SUITE #1200**
 STREET ADDRESS **MIAMI, FL 33131**
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **BACMAN, SANDRA R**
 STREET ADDRESS **25 SE 2ND AVENUE SUITE 220**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
 NAME **150 SE 2ND AVENUE, SUITE #1200**
 STREET ADDRESS **MIAMI, FL 33131**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)