FILED
Jun 02, 2002 8:00 am
Secretary of State

05-14-2002 90276 009 ***150.00

33836

DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050032

1. Entity Name

SAFE PARKING SYSTEM INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: #3250 SW 23 ST	3. Mailing Address: 132 2520 SW 22ND ST, suit #2
Suite, Apt. #, etc.: Miami, Fl	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI FL.
Zip: 33145 Country: US	Zip: 33145 Country: US

4. FEI Number: 65-1105137 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOSE M DELGADO

Street Address (P.O. Box Number Is Not Acceptable): 3250 SW 23 ST

City: Miami **FL** Zip Code: 33145

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]

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4/16/02

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	P
NAME	DELGADO, JOSE M.
STREET ADDRESS	[illegible]
CITY-ST-ZIP	[illegible]
TITLE	
NAME	DELGADO JOSE M.
STREET ADDRESS	3250 SW 23 ST
CITY-ST-ZIP	Miami, Fl 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: [signature] Jose Manuel Delgado 4/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #