

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90165 047 \*\*\*150.00

DOCUMENT # **P010000090342** ✓  
1. Entity Name  
**SAFE INVEST CORP.**

**DO NOT WRITE IN THIS SPACE**

**656415**

2. Principal Place of Business <b>20533 BISCAYNE BLVD.</b>		3. Mailing Address <b>20533 BISCAYNE BLVD.</b>	
Suite, Apt. #, etc. <b>291</b>		Suite, Apt. #, etc. <b>291</b>	
City & State <b>AVENTURA, FL</b>		City & State <b>AVENTURA, FL</b>	
Zip <b>33180</b>	Country <b>USA</b>	Zip <b>33180</b>	Country <b>USA</b>

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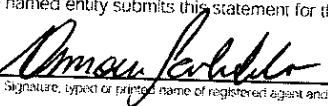
4. FEI Number <b>65-1141558</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

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

Name **ARMAN SARHADJAE**  
Street Address (P.O. Box Number is Not Acceptable)  
**3300 NE 192 Street #913**  
City **AVENTURA, FL** Zip Code **33180**

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  **ARMAN SARHADJAE (President)** **4/22/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 <b>PRESIDENT</b>
NAME <b>ARMAN SARHADJAE</b>
STREET ADDRESS <b>3300 NE 192 Street #913</b>
CITY-ST-ZIP <b>AVENTURA, FL 33180</b>

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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 on an attachment with an address, without other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02**

Date

**786-277-1644**

Daytime Phone #

CR2E034B (12/01)