2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: №

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FILED May 20, 2002 8:00 am Secretary of State P01000098242 DOCUMENT # 1. Entity Name 05-20-2002 90028 035 ***150.00 SAFETY CAR, INC. Mailing Address Principal Place of Business 3121 KOVAL COURT 3121 KOVAL COURT ORLANDO FL 32837 ORLANDO FL 32837 3. Mailing Address 2. Principal Place of Business 515 E. SAN Sepastis N 515 E. SAN SECUSION CF DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Numb City & State AUGMONIE SPAINGS Not Applicable ALJAMMO Country US A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RANGEL, GUSTAVO B 3121 KOVAL COURT ORLANDO FL 32837 Zip**3**C2d**2**/4 AUTOMONIE SPRINGS City 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 K (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!LEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change Delete TITLE TITLE JORGE DALIAN QUARTIEM NAME NAME RANGEL, GUSTAVO B 515 & SAN 3504 SVIAN TO STREET ADDRESS 3121 KOVAL COURT STREET ADDRESS GROMONIE SPE FR 32714 CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP ☐ Change TITLE TITLE VICTORIA ARGENTINA CALVO de GUARTIER NAME FILHO, REINALDO S NAME SISE SON SEBASTIM CH STREET ADDRESS 3018 REDWOOD NATIONAL DRIVE #3708 STREET ADDRESS 4LTDMONIE SPG CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP Addition Direcm TITLE TITLE TRANSTIME S.A GRAMADOS, RODOLFO P NAME STREET ADDRESS STREET ADDRESS 377 PLACID LAKE DRIVE 1218) BUENOS GIBES - BREENTINA CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32773 Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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 appears, with all other like empowered.