

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91175 026 \*\*\*150.00

**DOCUMENT # P02000011128**

**1. Entity Name**  
**CODEX SAFETY SUPPLIERS, INC.**



**Principal Place of Business**  
**4216 CLEVELAND ST.**  
**HOLLYWOOD FL 33021**

**Mailing Address**  
**4216 CLEVELAND ST.**  
**HOLLYWOOD FL 33021**

**2. Principal Place of Business**

**77 NW 166 Street**

**3. Mailing Address**

**152 NE 167 St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Miami, FL**

**City & State**

**North Miami Beach, FL**

**Zip**

**33169**

**Country**

**US**

**Zip**

**33162**

**Country**

**US**

**4. FEI Number**

**04-3632234**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

**OWEN, SUE G**  
**4216 CLEVELAND ST.**  
**HOLLYWOOD FL 33021**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☒ **Delete**  
**NAME** **OWEN, SUE G**  
**STREET ADDRESS** **4216 CLEVELAND ST.**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33021**

**TITLE** **P** ☐ **Delete**  
**NAME** **Geoff Fein**  
**STREET ADDRESS** **12040 SW 12 st**  
**CITY-ST-ZIP** **Pembroke Pines, FL 33025**

**TITLE** **O** ☐ **Delete**  
**NAME** **Beth Fein**  
**STREET ADDRESS** **12040 SW 12 st**  
**CITY-ST-ZIP** **Pembroke Pines, FL 33025**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** **P** ☐ **Change** ☒ **Addition**  
**NAME** **Geoff Fein**  
**STREET ADDRESS** **12040 SW 12 st**  
**CITY-ST-ZIP** **Pembroke Pines, FL 33025**

**TITLE** **O** ☐ **Change** ☒ **Addition**  
**NAME** **Beth Fein**  
**STREET ADDRESS** **12040 SW 12 st**  
**CITY-ST-ZIP** **Pembroke Pines, FL 33025**

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

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

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

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

**Date**

**Daytime Phone #**

**4-30-03**

CR2E034 (10/02)