

# 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P02000017981**

1. Entity Name

**SAFE HARBOR ENTERPRISE CORPORATION**

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

05-05-2003 92208 049 \*\*\*150.00

Principal Place of Business

Mailing Address

**22521 SW 66TH AVENUE**  
**BOCA RATON FL 33428**

**22521 SW 66TH AVENUE**  
**BOCA RATON FL 33428**

2. Principal Place of Business

**123 NW 13TH STREET**

3. Mailing Address

**123 NW 13TH STREET**

Suite Apt. #, etc.

**SUITE 214-4**

Suite Apt. #, etc.

**SUITE 214-4**

City & State

**BOCA RATON**

City & State

**BOCA RATON**

Zip

**33432**

Country

**USA**

Zip

**33432**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**75-2994942**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION**  
**3929 N FEDERAL HWY**  
**POMPANO BEACH FL 33064**

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.

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, 2003 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD PEREIRA, JOSE MIGUEL 22521 SW 66TH AVENUE BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FOLMANN, CARLOS 1308 N DIXIE HWY HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N 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

01/22/03

954 924-0441

Date

Daytime Phone #