

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90374 050 ***150.00

DOCUMENT # P93000030007

1. Entity Name

SAFEWAY INSPECTION SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
801 Pine Drive

3. Mailing Address
801 Pine Drive

Suite, Apt. #, etc.
#15

Suite, Apt. #, etc.
#15

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

4. FEI Number
65-0405121

Applied For
Not Applicable

Zip
33060

Country
USA

Zip
33060

Country
USA

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
LUCILLE FERREIRA

Street Address (P.O. Box Number is Not Acceptable)
801 Pine Drive

#15

City
Pompano Beach FL Zip Code 33060

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)

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
NAME
PVD
FERREIRA, LUCILLE
STREET ADDRESS
801 Pine Drive, #15
CITY-ST-ZIP
Pompano Beach, FL 33060

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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lucille Ferreira*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucille Ferreira

Date

4/10/02
954-784-0003

Daytime Phone #

CR2E034B (12/01)