## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000067844 May 09, 2000 8:00 am Secretary of State SAFE TECHNOLOGIES, INC. 05-09-2000 90112 027 \*\*\*150.00 Mailing Address Principal Place of Business 2510 SW 99TH AVE 2510 SW 99TH AVENUE MIAMI FL 33165-633 MIAMI FL 33165-2633 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State - 65-0530054 --Not Applicable Country \$8.75 Additional Zip -Country 5. Certificate of Status Desired 33/65-2633 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COSIO, EMILIO A Street Address (P.O. Box Number is Not Acceptable) 2510 SW 99TH AVE **MIAMI FL 33165** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition **PST** TITI F ☐ Delete COSIO, EMILIO A NAME STREET ADDRESS STREET ADDRESS 2510 SW 99 AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** ☐ Addition **VPST** ☐ Change ☐ Delete TITLE TITLE COSIO, INES H NAME STREET ADDRESS STREET ADDRESS 2510 SW 99 AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** Addition Change ☐ Delete TITLE COSIO, ISABEL C NAME NAME 2510 SW 99 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 Delete Change Addition TITLE TITLE COSIO, LOURDES H NAME NAME STREET ADDRESS STREET ADDRESS 2510 SW 99 AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** ☐ Change ☐ Addition TITI F Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

08-27-2000

Daytime Phone #