2001	I UNI	FORM BUSI	NESS REPO	RT	(UBI	R)	FILED				
DOCUMENT # P94000091166							Jun 27, 2001 8:00 am				
		2K SAFET	Y SUPPLY	/ //	IC.	\frown	Secretary of State 06-27-2001 90005 011 ***150.00				
			· · · · · · · · · · · · · · · · · · ·		((IA)	06-27-2001 90003 011 ***130.00				
Principal Plac		· · · · · · · · · · · · · · · · · · ·	Mailing Address		২ন্দ						
20423 STATE RD. 7- SUITE 335 BOCA RATON, FL 33498						A0075040					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number Applied For Applied For Not Applicable				
Zip		Country	Zip Country				5. Certificate of Status Desired Status Desired Status Desired Fee Required				
	6. Name	and Address of Current Re	egistered Agent	1	Name		7. Name and Address of New Registered Agent				
							O Box Number is Not Acceptable)				
					200	723	O. Box Number is Not Acceptable) STATE BA 7- SUITE 335				
				-	City B	OCA	RATON FL 33498				
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 .	Signa ure, typed	or printed name of registered agent and	title if applicable. (NOT	E: Registered	Agent signal	ture required w	6/00/01				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)					will be \$	550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11		- OFFICERS AND D		-12	مے مر ^م						
TITLE NAME	Delete		TITLE		TOAL	GTH AGUILERA					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS 2042 -ST-ZIP 300		23 STATE RA 7-SU 78 333 18				
TITLE	Delete			TITLE		MIGU	UEL AGUICERA				
STREET ADDRESS				STREE	T ADDRESS	2042	23 STATE DO 7 - SUITE 335				
CITY-ST-ZIP TITLE			Delete		ST-ZIP	B OC	A PATON, FL 33498				
NAME STREET ADDRESS	,			NAME STREE	TADDRESS						
CITY-ST-ZIP			_	6	ST-ZIP						
TITLE NAME			Delete	title Name			Change Addition				
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST- ZIP						
TITLE			Delete	, TITLE			Change Addition				
NAME STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP TITLE			Delete	CITY-	ST-ZIP		Change Addition				
NAME STREET ADDRESS				NAME	T ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						
indicated	on this repo	rt or supplemental report is tri	ue and accurate and that r ered to execute this report	ny signatu as require	ure shall h	have the sa	ttion 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if				
SIGNATURE: Janoth B. Jenilera 6/22/01 561.883.9842											
JUGINAL		SIGNATURE AND TYPED OR PRIN	TED MAME OF SIGNING OFFICER	OR DIRECTO	R		Date Daytime Phone #				

Attachment HOD

AARDVARK SAFETY SUPPLY

20423 State Rd. 7, Suite 335 Boca Raton, FL 33498-6774 (561) 883-9842

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June 22, 2001

Florida Department of State Division of Corporations Attn. Stacy Prather 2001 Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Re: Letter Number 401A00034588

Dear Stacy,

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Attached please find a complete 2001 Uniform Business Report and my check #1066 in the amount of \$150.00.

Thank you for your attention. If you have questions, please call me to the numbers shown.

Best regards,

h Aguilera Jan/et

Enclosures