

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90653 017 \*\*\*150.00

**DOCUMENT # P94000091166**

**1. Entity Name**  
**AARDVARK SAFETY SUPPLY, INC.**

**Principal Place of Business**  
**20423 STATE RD. 7 - SUITE 335**  
**BOCA RATON FL 33498**  
**US**

**Mailing Address**  
**20423 STATE RD. 7 - SUITE 335**  
**BOCA RATON FL 33498**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**20423 STATE RD 7**

Suite, Apt. #, etc.

**FL No. 335**

City & State

**BOCA RATON, FL**

Zip

**33498**

Country

**US**

**3. Mailing Address**

**20423 STATE RD 7**

Suite, Apt. #, etc.

**FL No 335**

City & State

**BOCA RATON, FL**

Zip

**33498**

Country

**US**

**4. FEI Number 65-0545441**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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

**AGUILERA, JANETH**  
**20923 STATE RD 7 - SUITE 335**  
**BOCA RATON FL 33498**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution,

**11. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>AGUILERA, JANETH</b>	
STREET ADDRESS	<b>20423 STATE RD 7 - SUITE 335</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>AGUILERA, MIGUEL</b>	
STREET ADDRESS	<b>20423 STATE RD 7 - SUITE 335</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**WRONG FEI #**  
**PLS SEE LETTER ATTACHED.**

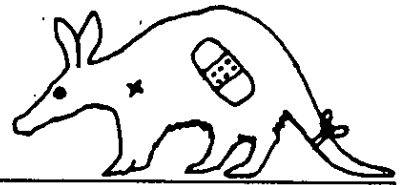
**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Janeth Aguilera*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02 561-883-9842**  
 Date Daytime Phone #

CR2E034 (9/01)

# AARDVARK SAFETY SUPPLY



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

Attach mark

April 25, 2002

Florida Department of State  
Division of Corporations

PG4600091166  
788935

Re: 2002 Uniform Business Report

Dear Sirs,

I will appreciate to change the FEI number of my company, Aardvark Safety Supply, Inc., since the one printed on 2002 UBR is incorrect.

The right number is FEI 65-1023983. To certify that I'm enclosing copy of letter received from IRS where they assigned Aardvark Safety Supply, Inc. it's EIN.

At the same time, I'm enclosing copy of 2001 UBR that shows the correct EIN number.

Thank you for your attention, if you have any questions, please give me a call to 561-883-9842.

Best regards,

Janeth B. Aguilera  
President

Enclosures

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

DATE OF THIS NOTICE: 07-20-2000  
NUMBER OF THIS NOTICE: CP 575 A  
EMPLOYER IDENTIFICATION NUMBER: 65-1023983  
FORM: SS-4  
0716933153 B

AARDVARK SAFETY SUPPLY INC  
% JANETH AGUILERA  
20423 STATE RD 7 STE 335  
BOCA RATON FL 33498

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-1023983. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941  
Form 1120  
Form 940

10/31/2000  
03/15/2001  
01/31/2001

Please file your Form by the due date shown above. If the due date above has passed and you have not yet filed, please file your Form by 08-04-2000. If we don't receive your form by that date, we will charge additional penalties and interest. We charge penalties and interest from the due date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the Service. If you want a determination on your tax classification, you may seek a private letter ruling from the Service under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply. Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information about EFTPS, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.

# FLORIDA UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

AARDVARK SAFETY SUPPLY INC.

Attachment

DOC# P9400009116

788938

2. Prior Periods to be Reported

3. Mailing Address

20423 STATE RD. 7 - SUITE 335  
BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

4. Business Address

5. Mailing Address

6. City & State

7. City & State

8. Zip

9. Zip

10. Country

11. Country

12. Country

13. Country

14. FEE Number

65-1023983

15. FEE Number

16. FEE Number

17. Certificate of Status Desired

18. Additional Fee Required

19. Name and Address of New Registered Agent

JANETH AGUILERA

20423 STATE RD 7-SUITE 335

BOCA RATON

FL

33498

6/22/01

20. 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: Janeth B. Aguilera

21. This corporation is eligible to qualify as a foreign corporation. Tax filing requirement and fees to be paid. (See instructions on back)

FILE NOW!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

22. Election Campaign Financing Trust Fund Contribution

23. May Be Added to Fees

24. OFFICERS AND DIRECTORS

25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)

NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-STATE		CITY-STATE	
ZIP		ZIP	
NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-STATE		CITY-STATE	
ZIP		ZIP	
NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-STATE		CITY-STATE	
ZIP		ZIP	
NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-STATE		CITY-STATE	
ZIP		ZIP	
NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-STATE		CITY-STATE	
ZIP		ZIP	

PRESIDENT  
JANETH AGUILERA  
20423 STATE RD 7-SUITE 335  
BOCA RATON, FL 33498  
VICE PRESIDENT  
MIGUEL AGUILERA  
20423 STATE RD 7-SUITE 335  
BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 partner or trustee empowered to execute this report as regulated by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 of this report.

SIGNATURE: Janeth B. Aguilera

6/22/01

561-883-9842

Received 6/22/01