

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-17-2001 91339 023 ***150.00

DOCUMENT #

P95000029717

1. Entity Name

STAINSAFE MANAGEMENT COMPANY

Principal Place of Business

354 HIATT DR.
 PALM BEACH GARDENS, FL
 33418

Mailing Address

SAME

75197

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0575357

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, STEVEN
 354 HIATT DR.

PALM BEACH GARDENS, FL 33418

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, 2001 Fee will be \$350.00

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
 5
 FRIEDMAN, STEVEN
 354 HIATT DR.
 PALM BEACH GARDENS, FL 33418

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ADAMS, MARC
 5667 STEGALCHASE
 PALM BEACH GARDENS, FL 33418

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SATZG, ROBERT
 2162 HENLEY PL
 NEWINGTON, FL 33414

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 FRIEDMAN, IRVING Z.
 101 BANYAN ISLES
 PALM BEACH GARDENS, FL 33418

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/01

Date

561-799-7300

Daytime Phone #

CR2E034 (11/00)