

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082858

1. Entity Name

RETRAX SAFETY SYSTEMS, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90047 010 \*\*\*150.00

Principal Place of Business

1401 BRICKELL AVE., STE. 340  
MIAMI FL 33131

Mailing Address

1401 BRICKELL AVE., STE. 340  
MIAMI FL 33131-3255

2. Principal Place of Business

200 Brickell Ave.  
Suite, Apt. #, etc.  
Ste. 1480

3. Mailing Address

1200 Brickell Ave.  
Suite, Apt. #, etc.  
Ste. 1480

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0630077

Applied For

Not Applicable

Zip

33131

Country

US

Zip

33131

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOBER, JOHN E  
1401 BRICKELL AVE., STE. 340  
MIAMI FL 33131

Name  
Garvin, David M.

Street Address (P.O. Box Number is Not Acceptable)  
1200 Brickell Avenue, Ste. 1480

City

Miami

FL

Zip Code

33131

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, 2000 Fee will be \$550.00**  
**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	DP TOBER, JOHN E 1401 BRICKELL AVE., STE. 340 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDON, DENNIS J 1401 BRICKELL AVE., STE 340 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COUVERTIER, DOUGLAS 1401 BRICKELL AVE STE 340 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARVIN, DAVID 1401 BRICKELL AVE STE 340 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEPPER, DAVID 1401 BRICKELL AVE STE 340 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRIBAR, MANUEL 1401 BRICKELL AVE STE 340 MIAMI FL 33131	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stauber, Marshall 4310 Sheridan Street Hollywood, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gordon, Dennis J. 6741 W. Sunrise Blvd., Ste. 8 Plantation, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Couvertier, Douglas 195 Lakeview Drive Westin, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Garvin, David M. 1200 Brickell Ave., Ste. 1480 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pepper, David PO Box 350106 Jacksonville, FL 32235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Iribar, Manuel 2216 Hollywood Blvd. Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)