

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**  
 01-29-2001 90093 035 \*\*\*150.00

**DOCUMENT # P95000082858**

1. Entity Name  
**RETRAX SAFETY SYSTEMS, INC.**

Principal Place of Business

**1200 BRICKELL AVE  
 STE 1480  
 MIAMI FL 33131**

Mailing Address

**1200 BRICKELL AVE  
 STE 1480  
 MIAMI FL 33131**

**706066**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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

3. Mailing Address

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

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **65-0630077**

Applied For  
 Not Applicable

Zip Country  
**33131 US**

Zip Country  
**33131 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

**GARVIN, DAVID M  
 1200 BRICKELL AVE STE 1480  
 MIAMI FL 33131**

Name  
Garvin, David M.  
 Street Address (P.O. Box Number is Not Acceptable)  
1200 Brickell Ave., 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] **01-12-01**  
Signature typed or printed name of registered agent and date 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 \$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	<b>S</b> <b>GORDON, DENNIS J</b> <b>6741 W SUNRISE BLVD. STE 8</b> <b>PLANTATION FL 33313</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>COUVERTIER, DOUGLAS</b> <b>195 LAKEVIEW DR</b> <b>WESTIN FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>GARVIN, DAVID</b> <b>1200 BRICKELL AVE STE 1480</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEPPER, DAVID</b> <b>PO BOX 350106</b> <b>JACKSONVILLE FL 32235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IRIBAR, MANUEL</b> <b>2216 HOLLYWOOD BLVD</b> <b>HOLLYWOOD FL 33020</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Stauber, Marshall</b> <b>4310 Sheridan Street</b> <b>Hollywood, FL 33021</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Perez, Gerardo</b> <b>16782 NW 67 Avenue</b> <b>Miami, FL 33015</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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] **01-12-01** (305) 371-8166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)