

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90214 023 ***550.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0630077**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-8-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **GORDON, DENNIS J**
STREET ADDRESS **6741 W SUNRISE BLVD. STE 8**
CITY-ST-ZIP **PLANTATION FL 33313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **COUVERTIER, DOUGLAS**
STREET ADDRESS **195 LAKEVIEW DR**
CITY-ST-ZIP **WESTIN FL 33326**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Couvertier, Douglas**
STREET ADDRESS **4353 Ameridge Court**
CITY-ST-ZIP **Westin, FL 33331**

TITLE **DP** ☐ Delete
NAME **GARVIN, DAVID**
STREET ADDRESS **1200 BRICKELL AVE STE 1480**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PEPPER, DAVID**
STREET ADDRESS **PO BOX 350106**
CITY-ST-ZIP **JACKSONVILLE FL 32235**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **IRIBAR, MANUEL**
STREET ADDRESS **2216 HOLLYWOOD BLVD**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STAUBER, MARSHALL**
STREET ADDRESS **4310 SHERIDAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-8-03 305 371-8166

CR2E034 (10/02)