

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90027 008 \*\*\*550.00

**DOCUMENT # P96000061854**

1. Entity Name

**DRIVER SAFETY INSTITUTE, INC.**

Principal Place of Business

**14733 WEST DIXIE HIGHWAY  
NO MIAMI FL 33181**

Mailing Address

**204 NW 86TH STREET  
EL PORTAL FL 33150**

2. Principal Place of Business

3. Mailing Address

**17364 S.W. 22<sup>nd</sup> STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIRAMAR, FL**

Zip

Country

Zip

Country

**33029-5545**

4. FEI Number

**65-0681997**

Applied For

Not Applicable

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

**SALOMON, ISLANDE D  
284 NW 86TH STREET  
EL PORTAL FL 33150**

Name

Street Address (P.O. Box Number is Not Acceptable)

**17364 S.W. 22<sup>nd</sup> STREET**

City

**MIRAMAR**

**FL**

Zip Code

**33029-5545**

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 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 \$550.00**

**After September 13, 2002 Fee will be \$750.00  
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 ☐ Delete  
NAME **DP**  
STREET ADDRESS **DELVA, SALOMON I**  
CITY-ST-ZIP **284 NW 86TH ST  
EL PORTAL FL 33150**

TITLE ☒ Change ☐ Addition  
NAME **DP**  
STREET ADDRESS **DELVA SALOMON I**  
CITY-ST-ZIP **17364 S.W. 22<sup>nd</sup> STREET  
MIRAMAR, FL 33029-5545**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)