

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037882

1. Entity Name  
**SAFE INSURANCE GROUP, INC.**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90360 047 \*\*\*150.00

816454



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**999 PONCE DE LEON BLVD  
SUITE 715  
CORAL GABLES FL 33134**

Mailing Address  
**999 PONCE DE LEON BLVD  
SUITE 715  
CORAL GABLES FL 33134**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **65-0748161**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**PADIAL, JOSE I  
999 PONCE DE LEON BLVD  
SUITE 715  
CORAL GABLES FL 33134**

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.

SIGNATURE \_\_\_\_\_ (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. ☐ **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>D</b> <b>MACIA, MIGUEL</b> <b>999 PONCE DE LEON BLVD, #715</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **3/1/01 305-448-0645**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)