FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90142 021 ***150.00

DOCUMENT # P98000009494

1. Entity Name
Safe Medical Supplies, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4264 SW 74 Ave
Suite, Apt. #, etc.
Miami, FL
City & State
Zip 33155 Country Dade

3. Mailing Address
13647 SW 116 Lane
Suite, Apt. #, etc.
Miami, FL
City & State
Zip 33186 Country Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0533214 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name Ofelia Rodriguez
Street Address (P.O. Box Number is Not Acceptable) 13647 SW 116 Lane
City Miami FL Zip Code 33186

DO NOT WRITE IN THIS SPACE

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD	TITLE	
NAME	Ofelia Rodriguez	NAME	
STREET ADDRESS	13647 SW 116 Lane	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33186	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ofelia Rod [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03 Date · 305 266-7117 Daytime Phone #