

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90113 006 \*\*\*150.00

**DOCUMENT # P98000009980**



1. Entity Name  
**AMERICAN INSTITUTE FOR PUBLIC SAFETY, INC.**

Principal Place of Business  
**12000 BISCAYNE BOULEVARD  
#705  
NORTH MIAMI FL 33181**

Mailing Address  
**12000 BISCAYNE BOULEVARD  
#705  
NORTH MIAMI FL 33181**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0809288**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SASLAW, GARY R  
20801 BISCAYNE BOULEVARD  
SUITE 304  
AVENTURA FL 33180-**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DCST</b>	<input type="checkbox"/> Delete
NAME	<b>PREMER, HOWARD</b>	
STREET ADDRESS	<b>12000 BISCAYNE BLVD. SUITE #705</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33181</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>SASLAW, GARY R</b>	
STREET ADDRESS	<b>20801 BISCAYNE BLVD., #304</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HUFFMAN, CHRISTOPHER O</b>	
STREET ADDRESS	<b>12000 BISCAYNE BLVD. SUITE #705</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33181</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

**SIGNATURE: By: AMERICAN INSTITUTE FOR PUBLIC SAFETY, INC.**  
**SIGNATURE REQUIRED**

3/12/03

CR2E034 (10/02)