

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025477

1. Entity Name

SUNSAFE, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90047 007 \*\*\*150.00

Principal Place of Business

Mailing Address

S.W. 135 DR.  
FL 33156

6465 S.W. 135 DR.  
MIAMI FL 33141-4629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6301 Collins Ave

6301 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 803

# 803

City & State

City & State

Miami Beach

Miami Beach

Zip

Zip

Country

Country

33141

USA

33141

USA

4. FEI Number

65-0825575

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

SCHMIDT, MARK A  
6465 S.W. 135 DR.  
MIAMI FL 33156

Name

Schmidt, Mark A

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

6301 Collins Ave., # 803

City

Miami Beach

FL

Zip Code

33141

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mark Schmidt

2/17/00

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 \$150.00**  
**After MAY 1, 2000 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 ☐ Delete

TITLE ☒ Change ☐ Addition

NAME  
BUNNELL, BETHANY  
STREET ADDRESS  
6465 SW 135 DR  
CITY-ST-ZIP  
MIAMI FL

NAME  
6301 Collins Ave., # 803  
STREET ADDRESS  
Miami Beach, FL 33141  
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☒ Change ☐ Addition

NAME  
SCHMIDT, MARK  
STREET ADDRESS  
6465 SW 135 DR  
CITY-ST-ZIP  
MIAMI FL

NAME  
6301 Collins Ave., # 803  
STREET ADDRESS  
Miami Beach, FL 33141  
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
WOJCIK, CHRIS  
STREET ADDRESS  
PIEDMONT BUILDING, STE 3600  
CITY-ST-ZIP  
DETROIT MI 48226-4291

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAME  
STREET ADDRESS  
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 supplement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Schmidt 2/17/00 (305) 866-3599

CR2E034 (9/99)