

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91759 045 ***150.00

DOCUMENT # P98000059514

1. Entity Name

RISK MANAGEMENT SAFETY CONSULTANTS, INC.

INSURANCE

NO N/C LW

Principal Place of Business

700 BILTMORE WAY

1208

CORAL GABLES FL 33134

Mailing Address

700 BILTMORE WAY

1208

CORAL GABLES FL 33134

2. Principal Place of Business

10151 DEERWOOD PK. BLDG. 200

Suite, Apt. #, etc.

BLDG# 200, SUITE 250-118

City & State

JACKSONVILLE, FL

Zip

32256

Country

USA

3. Mailing Address

1155 BRICKELL BAY DRIVE

Suite, Apt. #, etc.

PENTHOUSE 2010

City & State

MIAMI, FL

Zip

33131

Country

MIRIAM-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0881818

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALOOF, AL

700 BILTMORE WAY

1208

MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

AL MALOOF

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

1155 BRICKELL BAY DRIVE

PENTHOUSE 2010

City

MIAMI

FL

Zip Code

33131

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)

4/30/02

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, 2002 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

TITLE **D** ☒ Delete
NAME **MAY BRIAN**
STREET ADDRESS **700 BILTMORE WAY # 1208**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VSD** ☐ Delete
NAME **MALOOF, AL**
STREET ADDRESS **700 BILTMORE WAY # 1208**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P.S.D** ☒ Change ☐ Addition
NAME **AL MALOOF**
STREET ADDRESS **1155 BRICKELL BAY DRIVE, # 2010**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 persons empowered.

SIGNATURE: **S. MALOOF Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

305-519-9076

Daytime Phone #

CR2E034 (9/01)