

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022478

1. Entity Name
SAFETY FARM, INC.

FILED

00 MAY 22 AM 11:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

~~1765 N.W. 21ST ST.
MIAMI FL 33125~~

Mailing Address

~~1765 N.W. 21ST ST.
MIAMI FL 33142-7433~~

2. Principal Place of Business

20145 SW 284 ST.

3. Mailing Address

7965 SW 26 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA.

City & State

MIAMI FLA.

4. FEI Number

65-0902666

Applied For

Not Applicable

Zip

33030

Country

DADE

Zip

33155

Country

DADE

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~RODRIGUEZ, LUIS
1765 N.W. 21ST ST.
MIAMI FL 33125~~

7. Name and Address of New Registered Agent

Name **ROBERTO RUBEN PEREZ**
Street Address (P.O. Box Number is Not Acceptable)
7965 SW 26 ST.
MIAMI
City **FL** Zip Code **33155**

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] **TREASURY**

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

(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.
(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

TITLE	D	☐ Delete
NAME	RODRIGUEZ, LUIS	
STREET ADDRESS	1765 N.W. 21ST ST.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	☐ Delete
NAME	MINGUEZ, ELROY A	
STREET ADDRESS	1765 N.W. 21ST ST.	
CITY-ST-ZIP	MIAMI FL 33125	
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	PRESIDENT	☒ Change ☐ Addition
NAME	ARACELY VERA	
STREET ADDRESS	7965 SW 26 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SECRETARY	☒ Change ☐ Addition
NAME	ALEXANDER VERA	
STREET ADDRESS	7965 SW 26 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TREASURY	☒ Change ☐ Addition
NAME	ROBERTO R. PEREZ	
STREET ADDRESS	7965 SW 26 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **Director** **03/16/00** **(305) 241-6551**

CR2E034 (9/99)