= AMENDED =

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN -3 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000026997

1. Entity Name
SAFETY PUBLIC SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
25 SE 2nd Avenue	25 SE 2nd Ave
Suite, Apt. #, etc. 410	Suite, Apt. #, etc. 410
City & State Miami, Fl.	City & State Miami, Fl.
Zip 33131 / Country	Zip 33131 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0910469 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Ernesto W. Bourzac
Street Address (P.O. Box Number is Not Acceptable): 8150 W. 12TH Avenue
City: Hialeah FL Zip Code: 33014

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 originating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
DST Ernesto W. Bourzac 8150 W 12th Avenue Hialeah, Fl. 33014	000005729550--8 -06/10/02--01082--026 *****35.00 *****35.00
DP Dagmar Collantes 1730 W 75th Street Hialeah, Fl. 33014	000005729550--3 -06/10/02--01082--027 *****26.25 *****26.25
	DO NOT WRITE IN THIS SPACE
	35.00 25.00 - AR 10.00 - ARART
	26.25 - AR

CRZE034B (12/01)

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: _____ 04-29-02 (305) 819-8955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #