= 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 ____________________
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) ☐

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

CR2E034 (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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04-29-02 Daytime Phone #: (305) 819-8955