

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90479 041 ***150.00

DOCUMENT # P99000027715

1. Entity Name
SAFE HAVEN ESTATE HOMES, INC.



Principal Place of Business
27230 S DIXIE HWY
HOMESTEAD FL 33032

Mailing Address
27230 S DIXIE HWY
HOMESTEAD FL 33032

2. Principal Place of Business
15600 S.W. 288 St.

3. Mailing Address

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

Same

City & State

Homestead, FL

City & State

Same

Zip

33033

Country

USA

Zip

Same

Country

Same



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0906875**

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

SMITH, RONALD A
27230 S DIXIE HWY
HOMESTEAD FL 33032

Name

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

15600 S.W. 288 St., #404

City

Homestead

FL

Zip Code

33033

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ronald A. Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SMITH, DOUGLAS B	
STREET ADDRESS	27230 S DIXIE HWY	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, LINDA H	
STREET ADDRESS	27230 S DIXIE HWY	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, RONALD A	
STREET ADDRESS	27230 S DIXIE HWY	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15600 S.W. 288 St., #404	
CITY-ST-ZIP	Homestead, FL 33033	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

4/24/03

Date

305 247 2000

Daytime Phone #

CR2E034 (10/02)