FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P99000044204 SAFETY FIRST INTERNATIONAL INC. 04-06-2001 90047 028 \*\*\*150.00 Principal Place of Business Mailing Address 2454 METROCENTRE BLVD 2454 METROCENTRE BLVD WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0927021 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET MIAMI BEACH FL 33139 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change **GUASTINI, GLEN** NAME 294 SOUTH HAMPTON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP ☐ Delete TITLE CELMENT, HENRY DAVID NAME STREET ADDRESS 6836 CHASEWOOD DR N APT F STREET ADDRESS 1203 Town CENTER DR. #414 CITY-ST-ZIP :~ JUPITER FL-33438 CITY-ST-ZIP ブレア・ナマセニ チビニ ろろりらち ☐ Delete ☐ Addition TITLE PERRY, RICHARD NAME NAME STREET ADDRESS 19890 WILKIUSON LEAS RD STREET ADDRESS CITY-ST-ZIP TEQUESTA FL 33469 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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: Jen Juntin Glen (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/4/01

<u> 561-697-9997</u>

Daytime Phone #