

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
04-26-2001 90254 012 \*\*\*150.00

DOCUMENT # P99000104423

1. Entity Name

SAFARI MANUFACTURING, INC.

Principal Place of Business

2036 C NORTH DIXIE HIGHWAY  
FORT LAUDERDALE FL 33325

Mailing Address

2036 C NORTH DIXIE HIGHWAY  
FORT LAUDERDALE FL 33325

2. Principal Place of Business

2056 N. DIXIE HWY  
Suite, Apt. #, etc.

3. Mailing Address

2056 N. DIXIE HWY  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number ~~85-0977439~~  
65-0977442

Applied For

Not Applicable

Zip

Country

33305

Zip

Country

33305

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

WIGHT, GARTH  
2036 C NORTH DIXIE HIGHWAY  
FORT LAUDERDALE FL 33325

Name

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

2056 N. DIXIE HWY

City

FL

Zip Code

33305

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's 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	WIGHT, GARTH	800 S. RIO VISTA BLVD. FORT LAUDERDALE FL 33316				
	D	WIGHT, LARAIN	800 S. RIO VISTA BLVD. FORT LAUDERDALE FL 33316				
	D	STEYN, JAMES D	2573 NE 26TH AVENUE FORT LAUDERDALE FL 33305				

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

4/13/01

Date

954 564 0059

Daytime Phone #

CR2E034 (10/00)