

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108928

1. Entity Name

SAFETY 1ST BUS SERVICE INC.

R

Principal Place of Business

PO BOX 973094  
MIAMI FL 33197

Mailing Address

PO BOX 973094  
MIAMI FL 33197

2. Principal Place of Business

15805 SW 102 Place

3. Mailing Address

P.O. Box 973094

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

MIAMI, FLA

Zip

33157

Country

DADE

Zip

33197

Country

DADE

4. FEI Number

65-096 9631

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARMACK, WAYNE R  
15805 SW 102 PLACE  
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Kimberly M. Warmack

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-18-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Kimberly Warmack  
President  
15805 SW 102 Place  
MIAMI FLA 33157 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Wayne Warmack  
Vice President  
15805 SW 102 Place  
MIAMI FLA 33157 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

Kimberly M. Warmack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-00

Date

305-569-4622

Daytime Phone #

CR2E034 (5/00)

FILED  
Sep 21, 2000 8:00 am  
Secretary of State

09-21-2000 90007 001 \*\*\*150.00

09-21-2000 90007 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

P99000108928

Attachment

21086

TO: Whom it may concern,  
I have received a 1<sup>st</sup> notice of  
any kind. As a matter of fact  
as I was ~~returning~~ picking up my  
mail on Saturday a gentleman next  
to me was also getting his mail.  
I guess he saw that it didn't belong  
to him and looked at the address  
and asked if was ~~my~~ mine it had  
my box number on it. If that gentleman  
had not given it to me I wouldn't  
have ever known anything about it.

Thank you

Kenrick Harrison