## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 662844 Jun 05, 2000 8:00 am 1. Entity Name REBULL AND ASSOCIATES, INC. **Secretary of State** 06-05-2000 90033 039 \*\*\*558.75 Mailing Address Principal Place of Business 4941 SW 74TH COURT 9975 SW 87 AVE 2ND FLOOR MIAMI FL 33176-2965 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2008851 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REBULL, PATRICK J. Street Address (P.O. Box Number is Not Acceptable) 9975 SW 87TH AVENUE MIAMI FL 33176-2965 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 DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, DPT ☐ Change Addition TITLE ☐ Delete TITLE REBULL, PATRICK J NAME NAME 9975 SW 87TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP MIAMI FL Addition ☐ Change ☐ Delete TITLE TITLE SERIG, CHARLES E. NAME STREET ADDRESS 4941 SW 74TH COURT, 2ND FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33155** Addition Change TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

THE PATEICK J. REBULL

5/19/00

305-665-4372

Daytime Phone #