

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90060 022 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                                                                                                                    |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>DOCUMENT # 662844</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                    |                       |
| 1. Entity Name<br><b>REBULL AND ASSOCIATES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                                                    |                       |
| Principal Place of Business<br><b>4941 SW 74TH COURT<br/>2ND FLOOR<br/>MIAMI FL 33155<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | Mailing Address<br><b>9975 SW 87 AVE<br/>MIAMI FL 33176-2965<br/>US</b>                                            |                       |
| 2. Principal Place of Business<br><b>4941 SW 74TH COURT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       | 3. Mailing Address<br><b>4941 SW 74TH COURT</b>                                                                    |                       |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       | Suite, Apt. #, etc.                                                                                                |                       |
| City & State<br><b>MIAMI, FL 33155-4412</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       | City & State<br><b>MIAMI, FL.</b>                                                                                  |                       |
| Zip<br><b>33155-4412</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country<br><b>USA</b>                                                                 | Zip<br><b>33155-4412</b>                                                                                           | Country<br><b>USA</b> |
| 4. FEI Number<br><b>59-2008851</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                             |                       |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | \$8.75 Additional Fee Required                                                                                     |                       |
| 6. Name and Address of Current Registered Agent<br><b>REBULL, PATRICK J.<br/>9975 SW 87TH AVENUE<br/>MIAMI FL 33176-2965</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                    |                       |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                                                    |                       |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State |                       |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | \$5.00 May Be Added to Fees                                                                                        |                       |
| 11. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                    |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DPT<br/>REBULL, PATRICK J<br/>9975 SW 87TH AVENUE<br/>MIAMI FL</b>                 | <input type="checkbox"/> Delete                                                                                    |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DVS<br/>SERIG, CHARLES E.<br/>4941 SW 74TH COURT, 2ND FLOOR<br/>MIAMI FL 33155</b> | <input type="checkbox"/> Delete                                                                                    |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | <input type="checkbox"/> Delete                                                                                    |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | <input type="checkbox"/> Delete                                                                                    |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | <input type="checkbox"/> Delete                                                                                    |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | <input type="checkbox"/> Delete                                                                                    |                       |
| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                                                    |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DPT<br/>REBULL, PATRICK J.<br/>9975 SW 87TH AVENUE<br/>MIAMI, FL. 33176-2965</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                       |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DVS<br/>SERIG, CHARLES E.<br/>14825 SW 147 COURT<br/>MIAMI, FL. 33196-2358</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                       |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Charles E. Serig</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | JAN. 05, 2001 305-665-4372                                                                                         |                       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | Date Daytime Phone #                                                                                               |                       |

CR2E034 (10/00)