

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **677006**

1. Entity Name
BULLET 79 CONSTRUCTION CO.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90041 004 ***150.00

Principal Place of Business 13955 S.W. 140 STREET MIAMI FL 33186	Mailing Address 13955 S.W. 140 STREET MIAMI FL 33186-5526
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2009063	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**NODARSE, ROGER
12201 S.W. 92ND AVE.
MIAMI FL 33176**

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 _____ (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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE PTS	<input type="checkbox"/> Delete
NAME NODARSE, ROGER	
STREET ADDRESS 12201 S.W. 92ND AVE.	
CITY-ST-ZIP MIAMI FL 33176	
TITLE V	<input type="checkbox"/> Delete
NAME ROBERTS, ANGIE	
STREET ADDRESS 12201 S.W. 92ND AVE.	
CITY-ST-ZIP MIAMI FL 33176	
TITLE D	<input type="checkbox"/> Delete
NAME NODARSE, ROGER	
STREET ADDRESS 12201 S.W. 92ND AVE.	
CITY-ST-ZIP MIAMI FL 33176	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Angie Roberts **Angie Roberts** 1/7/2000 305-233-9073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)