2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 677006** 1. Entity Name BULLET 79 CONSTRUCTION CO. Principal Place of Business Mailing Address 13955 S.W. 140 STREET 13955 S.W. 140 STREET MIAMI FL 33186-5526 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country 5 6. Name and Address of Current Registered Agent Name

8. The above named entity submits this statement for the purpose of changing its registered office or registered

OFFICERS AND DIRECTORS

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

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

	-						01-14	-2000	J004	1 00	/4	150	7.00	
ĒΤ														
					1 (30)(3 3 (2)() 3 1))) 88)(8 8)	ii) 010 16 i	11 5 11 8	(8)(B(8)		6(31) (33)	
				<u>]</u>	1 19411		DO NO	T WRITE	IN THI	S SP	ACE			
				4 5	El Num	her					<u>-</u> -	Apr	olied For	\neg
				",	Littaii		59-200	09063				Not	Applicab	le
	Country			5. 0	Certifica	ite of Sta	atus Des	sired			8.75 e Requ			
				7. N	lame a	nd Addı	ress of I	New Reg	istere	d Ag	ent			\Box
		Name				~								
		Street A	ddress (P.O. B	ox Num	ber is N	lot Acce	ptable)						
													•	
		City	<u> </u>			_			F	L	Zip C	ode		
na its	registere	ed office or	register	ed age	ent, or b	ooth, in t	the State	e of Floric	da.		<u> </u>			
	ŭ		Ů	ű										
		Agent signatu	ira ramifrad	l when re										
(NOTE	: Registered			111101110	instating)				DATE					
				1 11 101110						<u> </u>				
OW!	!! FEE 00 Fee	IS \$150.0 will be \$5	00 550.00	:	10.		Campai	ign Finar ribution.) May Be to Fees	!
OW!	!! FEE 00 Fee to De	IS \$150.0	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing		Àd	ded	to Fees	
OW!	!! FEE 00 Fee	IS \$150.0 will be \$5 epartmen	00 550.00	ite	10.	Trust Fu	nd Conti	-	ncing		Àd	ded ORS	to Fees	
OW!	!! FEE 00 Fee to le to De 12.	IS \$150.0 will be \$5 epartmen	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing		Ad	ded ORS	IN 11	
OW!	!! FEE 100 Fee 10 Ne to De 12.	IS \$150.0 will be \$5 epartmen	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing		Ad	ded ORS	IN 11	
OW!	!! FEE 100 Fee 10 Ne to De 12.	IS \$150.0 will be \$5 epartmen	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing	ND D	Ad	ORS	IN 11	on
OW!	!! FEE 00 Fee to De 12. TITLE NAME STREI CITY- TITLE	IS \$150.0 will be \$5 epartmen ET ADDRESS	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing	ND D	Ad DIRECT	ORS	IN 11	on
OW!	!! FEE 00 Fee to De 12. TITLE NAME STREIL CITY- TITLE NAME STREIL	IS \$150.0 will be \$5 epartmen ET ADDRESS -ST-ZIP	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing	ND D	Ad DIRECT	ORS	IN 11	on
OW!	!! FEE 00 Fee to De 12. TITLE NAME STREIL CITY- TITLE NAME STREIL	IS \$150.0 will be \$5 epartmen et address st-zip et address st-zip	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing	ND D	Ad DIRECT	ORS ge	IN 11	on
OW!	!! FEE 00 Fee vole to De 12. TITLE NAME STREI CITY- TITLE NAME CITY- TITLE NAME NAME	IS \$150.0 will be \$5 epartmen et address -st-zip et address -st-zip	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing	ND D	AdolRECT Chan	ORS ge	to Fees IN 11 Additi	on
OW!	!! FEE 00 Fee vole to De 12. TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE NAME STREI STREI STREI STREI STREI STREI STREI	IS \$150.0 will be \$5 epartment et address -ST-ZIP et address -ST-ZIP	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing	ND D	AdolRECT Chan	ORS ge	to Fees IN 11 Additi	on
OW!	!! FEE 00 Fee vole to De 12. TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE NAME STREI STREI STREI STREI STREI STREI STREI	IS \$150.0 will be \$5 epartmen ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing]]]	AdolRECT Chan	ORS ge	to Fees IN 11 Additi	on
OW!	!! FEE 00 Fee vole to De 12. TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE NAME STREI CITY-	IS \$150.0 will be \$5 epartmen ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing]]]	AdolRECT Chan	ORS ge	IN 11 Addition Addition Addition	on
OW!	!! FEE 00 Fee vole to De 12. TITLE NAME STREI CITY-	IS \$150.0 will be \$5 epartmen ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing]]]	AdolRECT Chan	ORS ge	IN 11 Addition Addition Addition	on
OW!	!! FEE 00 Fee vole to De 12. TITLE NAME STREI CITY-	IS \$150.0 will be \$5 epartment ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ST-ZIP ET ADDRESS -ST-ZIP	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing	ND D	AdolRECT Chan	ORS gge gge	IN 11 Addition Addition Addition	on on on
OW!	!! FEE OO Fee of the to De to	IS \$150.0 will be \$5 epartment ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing	ND D	Add Chan	ORS gge gge	to Fees IN 11 Addition Addition Addition Addition	on on on
OW!	!! FEE OO Fee was to De	IS \$150.0 will be \$5 epartment ET ADDRESS -ST-ZIP ET ADDRESS	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing	ND D	Add Chan	ORS gge gge	to Fees IN 11 Addition Addition Addition Addition	on on on
OW!	!! FEE OO Fee was to De	IS \$150.0 will be \$5 epartmen ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	00 550.00	ite	10.	Trust Fu	nd Conti	ribution.	ncing	O ON O C	Add Chan	ORS ge ge	to Fees IN 11 Addition Addition Addition Addition	on on on

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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NODARSE, ROGER

SIGNATURE

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE -

NAME

NAME

NAME

TITLE

12201 S.W. 92ND AVE. **MIAMI FL 33176**

9. This corporation is eligible to satisfy its Intangible

NODARSE, ROGER

MIAMI FL 33176

ROBERTS, ANGIE

MIAMI FL 33176

NODARSE, ROGER

MIAMI FL 33176

12201 S.W. 92ND AVE.

12201 S.W. 92ND AVE.

12201 S.W. 92ND AVE.

Tax filing requirement and elects to do so.

(See criteria on back)

PTS

Angie Roberts

1/7/2000

305-233-9073

Daytime Phone #

CR2E034 (9/99)