

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006118

1. Entity Name

BULLEN INVESTMENTS LLC

FILED

00 FEB -4 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

941 4TH STREET, STE #200M
MIAMI BEACH FL 33139

Mailing Address

941 4TH STREET, STE #200M
MIAMI BEACH FL 33139-6816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.

941 FOURTH STREET #200

MIAMI BEACH FL 33139

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

3000003128663--3
-02/08/00--01137--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GREER-DONNELLY, JOHN T
STREET ADDRESS 941 4TH STREET, STE #200M
CITY-ST-ZIP MIAMI BEACH FL

TITLE John Trevor Greer Donnelly ☒ Change ☐ Addition
NAME Rue du Moulin
STREET ADDRESS Sark
CITY-ST-ZIP Channel Islands

TITLE MGR ☐ Delete
NAME LOUISE-CREBER, CHRISTIANNE H
STREET ADDRESS 941 4TH STREET, STE #200M
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☒ Change ☐ Addition
NAME Christianne Helena Louise Creber
STREET ADDRESS Little Rocques Flat, Rocques de St Clair, Rue des Pointes Rocques
CITY-ST-ZIP Delancey, St Sampsons, Guernsey GY2 4HN, Channel Islands

TITLE MGR ☐ Delete
NAME EATON, CHRISTOPHER P
STREET ADDRESS 941 4TH STREET, STE #200M
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☒ Change ☐ Addition
NAME Christopher Peter Eaton
STREET ADDRESS Trollaby House, Trollaby Lane,
CITY-ST-ZIP Union Mills IM4 4AW, Isle of Man, U.K.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

~~SIGNATURE REQUIRED~~

JTG DONNELLY

18/01/00

00 44 1481 83 2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #