FILED

May 05, 2003 8:00 am Secretary of State

05-05-2003 92168 014 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900006118

В



. Entity Name BULLEN INVESTMENTS LLC		
rincipal Place of Business	Mailing Address	
1 4th street, ste #200m Ami Beach Fl, 33139	941 4TH STREET. STE #200A Miami Beach Fl. 33139	

MIAMI BEACH FL 33139 M		941 4TH STREET. STE #200 MIAMI BEACH FL 33139	941 4TH STREET. STE #200M MIAMI BEACH FL 33139			1 (48)(4	11 010 1011	. (4 (1) . 44 (1)	20 11 20 [1]	i 88 711 48 11	un nord oldt b	1881 1811 IBBS		
		3. Mailing Address	I. Mailing Address											
AMI BEACH FL 33139 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current CORPORATE CREATIONS ENTERPRISE 941 FOURTH STREET #200 MIAMI BEACH FL 33139 3. The above named entity submits this statement fo the obligations of registered agent.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES										
City & State		City & State	City & State		4	4. FEI Num	ber N	IOT AF	PLICA	BLE		pplied For lot Applicable		
Zip		Zip	Zip Count									5.00 Additional ee Required		
	6. Name and Address of Current	Registered Agent		Name	7	7. Name ar	nd Addre	ess of Ne	w Regis	stered /	Agent			
		ES INC	ur											
		25 INC.		Street Ad	ddress (P.O). Box Numi	ber is No	ot Accept	able)					
									<u>-</u>		Zip Cod			
	· · · · · · · · · · · · · · · · · · ·			City						FL	-			
		r the purpose of changing its	registere	ed office or r	registered	agent, or b	oth, in th	ne State o	f Florida	ı. Iam f	iamiliar with,	, and accept		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registere	ed Agent signature	re required whe	en reinstating)				DATE	-			
		FILE NO	OWIII	FEE IS \$5	50.00									
		Make Check Payabi				of State								
				ay 1, 2003										
9.	MANAGING MEMBE	RS/MANAGERS	10.					ADDITIO	NS/CH	ANGES				
TITLE	MGR	☐ Delete	TITLE	E							☐ Change	Addition		
NAME	WAYMAR SERVICES LIMITED		NAM	•										
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 3175, ROAD TOWN			EET ADDRESS '-ST-ZIP					•					
TITLE	TORTOLA, BVI BV	Delete	TITLE								☐ Change	Addition		
NAME		□ Delete	NAM								L. Unungo	Fidelito		
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CTREET ANNUESS				ET ADDRESS										

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #