

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90019 043 ***150.00

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DOCUMENT # P00000049995

1. Entity Name
BULLDOG PROPERTIES, INC.

Principal Place of Business

**311 SE 5TH AVE
 POMPANO BEACH FL 33060**

Mailing Address

**311 SE 5TH AVE
 POMPANO BEACH FL 33060**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

311 SE 5TH AVE

Pompano Beach FL

33060

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1009627**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

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

(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, 2002 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 **PD**
 NAME **NEWMARK, ALAN J**
 STREET ADDRESS **1700 NORTHEAST 63RD COURT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

☐ Delete

TITLE **TD**
 NAME **NEWMARK, BARBARA**
 STREET ADDRESS **1700 NORTHEAST 63RD COURT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **New Address**
 NAME
 STREET ADDRESS **311 SE 5TH AVE**
 CITY-ST-ZIP **Pompano Beach FL 33060**

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)