

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90460 037 \*\*\*150.00

**DOCUMENT # P00000061230**

1. Entity Name  
**PULE, INC.**

Principal Place of Business

**5295 NW 161 STREET  
 MIAMI FL 33104**

Mailing Address

**5295 NW 161 STREET  
 MIAMI FL 33104**

2. Principal Place of Business

3. Mailing Address

**660 WEST 83RD ST  
 Suite, Apt. #, etc.**

**660 WEST 83RD  
 Suite, Apt. #, etc.**

City & State  
**HALEAH, FLORIDA**

City & State  
**HALEAH, FLORIDA**

Zip  
**33014**

Country  
**US**

Zip  
**33014**

Country  
**US**

4. FEI Number **APPLIED FOR**

Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**PAYNE, TODD S ESQ  
 ZEBERSKY, PAYNE & KUSHNER, LLP  
 4000 HOLLYWOOD BLVD STE 400 NORTH  
 HOLLYWOOD FL 33021**

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  
 NAME **D CASTILLA, RAUL** ☐ Delete  
 STREET ADDRESS **5295 NW 161 STREET**  
 CITY-ST-ZIP **MIAMI FL 33104**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME **D CASTILLA, RAUL** ☒ Change ☐ Addition  
 STREET ADDRESS **660 WEST 83RD**  
 CITY-ST-ZIP **HALEAH, FLORIDA 33014**

TITLE  
 NAME **VICE PRESIDENT** ☒ Change ☐ Addition  
 STREET ADDRESS **LEON BEKERMAN**  
 CITY-ST-ZIP **660 WEST 83RD ST HALEAH FL 33014**

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

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

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

TITLE  
 NAME ☐ Change ☐ Addition  
 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANUARY 14 / 2002**

Date

Daytime Phone #

CR2E034 (9/01)