

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90002 047 ***150.00

DOCUMENT # P00000068304

1. Entity Name

SULLY HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
419-421 Michigan Avenue

3. Mailing Address
419-421 Michigan Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number
65-1033326

Applied For
Not Applicable

Zip 33139 **Country** USA

Zip 33139 **Country** USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CARLOS M. FLORES NUNEZ

Street Address (P.O. Box Number is Not Acceptable)
419-421 Michigan Avenue

City Miami Beach **FL** **Zip Code** 33139

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 D
NAME CARLOS M. FLORES NUNEZ
STREET ADDRESS 419-421 Michigan Avenue
CITY-ST-ZIP Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Officer
NAME ANA LAURA RIVAROLI
STREET ADDRESS 8918 Collins Avenue, #5
CITY-ST-ZIP Surfside, FL 33154

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IN THIS SPACE**

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 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 #

CR2E034B (12/01)