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**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90134 048 \*\*\*158.75

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000041620

1. Entity Name

BULMAR CORP.

Principal Place of Business

15243 SW 111 ST  
MIAMI FL 33196

Mailing Address

15243 SW 111 ST  
MIAMI FL 33196

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

65-1102452

Applied For

Not Applicable

5. Certificate of Status Desired


**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

NEGRIN, BARBARA D

15243 SW 111 ST

MIAMI FL 33196

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 DPT. ☐ Delete  
 NAME NEGRIN, BARBARA D  
 STREET ADDRESS 15243 SW 111 ST  
 CITY-ST-ZIP MIAMI FL 33196

 TITLE DVS ☐ Delete  
 NAME MARTINEZ, FRANK R  
 STREET ADDRESS 544 NW 18 AVE  
 CITY-ST-ZIP MIAMI FL 33125

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE DPT. ☒ Change ☐ Addition  
 NAME NEGRIN, BARBARA D. NAME  
 STREET ADDRESS 15243 SW 111 ST MISspelled  
 CITY-ST-ZIP MIAMI, FL 33196

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

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

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

 TITLE ☐ Change ☐ Addition  
 NAME  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/02

305-970-5649

CR2E034 (9/01)