

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

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90240 046 \*\*\*158.75

DOCUMENT # **PO1000060590**

1. Entity Name

**Bulletproof Entertainment CO.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**22301 SW 109 court**

Suite, Apt. #, etc.

3. Mailing Address

**1035 NE 125 street**

Suite, Apt. #, etc.

**ste. 101**

DO NOT WRITE IN THIS SPACE

City & State

**Miami, FL**

City & State

**N. Miami, FL**

4. FEI Number

Applied For

☒ Not Applicable

Zip

**33161**

Country

**USA**

Zip

**33161**

Country

**USA**

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

7. Name and Address of Current Registered Agent

Name

**Joseph Sweeting**

Street Address (P.O. Box Number is Not Acceptable)

**22301 SW 109 court**

City

**Miami**

**FL**

Zip Code

**33170**

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

**4-23-02**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Officer  
Charles Arnold  
4340 NW 187 st  
Carol City, FL 33055**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
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:

**Charles Arnold**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**

Date

**(305) 756-7770**

Daytime Phone #

CR2E034B (12/01)