

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90066 027 ***150.00

DOCUMENT # P01000090775

1. Entity Name

RULLAN REAL ESTATE SERVICES, INC.

Principal Place of Business

**4962 BRIGHTMOUR CIRCLE
 ORLANDO FL 32837**

Mailing Address

**4962 BRIGHTMOUR CIRCLE
 ORLANDO FL 32837**

2. Principal Place of Business

1004 N. Royal Street

Suite, Apt. #, etc.

3. Mailing Address

1004 N. Royal Street

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34744

Country

Osceola

City & State

Kissimmee, FL

Zip

34744

Country

Osceola

4. FEI Number

52-2343602

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RULLAN, MIGUEL H
 4962 BRIGHTMOUR CIRCLE
 ORLANDO FL 32837**

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

Miguel H. Rullan

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

(NOTE: Registered Agent signature required when reinstating)

1/22/02

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 **D** ☐ Delete
 NAME **RULLAN, MIGUEL H**
 STREET ADDRESS **4962 BRIGHTMOUR CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Miguel H. Rullan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02 - 321-436-6737

CR2E034 (9/01)