

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90480 004 ***150.00

DOCUMENT # P02000131200

1. Entity Name
NO BULL CONSULTING GROUP, INC.



Principal Place of Business
6555 NW 36 ST STE 116B
VIRGINIA GARDENS FL 33166

Mailing Address
6555 NW 36 ST STE 116B
VIRGINIA GARDENS FL 33166

11003497



2. Principal Place of Business
6405 NW 36 ST.

3. Mailing Address
6405 NW 36 ST.

Suite, Apt. #, etc.
Suite 104

Suite, Apt. #, etc.
Suite 104

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
52-2340522

Applied For
☐ Not Applicable

Zip 33186 **Country** USA

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

6. Name and Address of Current Registered Agent

BERENGUER, JOHANN
18400 NW 21 ST
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name Jessie Torres
Street Address (P.O. Box Number is Not Acceptable) 5600 W 14 Ln
City Hialeah **FL** **Zip Code** 33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jessie Torres* - President

DATE 2/4/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BERENGUER, JOHANN	
STREET ADDRESS	18400 NW 21 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	TORRES, JESSIE	
STREET ADDRESS	5600 W 14 LN	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MESA, OMAR	
STREET ADDRESS	5600 W 14 LN	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berenguer, Johann	
STREET ADDRESS	6415 Main St Apt 142	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSIE TORRES	
STREET ADDRESS	5600 W 14 LN	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL OLIVERO	
STREET ADDRESS	8325 W 18 LN DR	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like amendments.

SIGNATURE: *Jessie Torres* President and Director

305-492-9006

SIGNATURE AND TYPED OR PRINTED NAME

OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)