

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054444

1. Entity Name  
BULLET LIMOUSINE COMPANY

Principal Place of Business  
9575 ARBOR VIEW DR N  
BOYNTON BCH FL 33437  
US

Mailing Address  
9575 ARBOR VIEW DR N  
BOYNTON BCH FL 33437  
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0509472 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD.  
SUITE 485 SOUTH  
HOLLYWOOD FL 33021

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P  
NAME BLUMBERG, ADAM  
STREET ADDRESS 2313 N CONGRESS AVE  
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☐ Delete

TITLE P.  
NAME BLUMBERG, ROBERT  
STREET ADDRESS 9575 ARBOR VIEW DR N  
CITY-ST-ZIP BOYNTON BCH FL 33437 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 to this report, with all other like empowered.

SIGNATURE: *Robert Blumberg* **ROBERT BLUMBERG** ☒ **REQUIRED**  
Signature, typed or printed name of signing officer or director

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90025 027 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

0381880 AV

CR2E034 (9/01)