**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2002 8:00 am **Secretary of State** P94000093922 DOCUMENT # 1. Entity Name 02-05-2002 90089 004 \*\*\*150.00 BULBCO, INC. Principal Place of Business Mailing Address 4100 N. POWERLINE RD 4100 N. POWERLINE RD SUITE H-5 SUITE H-5 POMPANO FL 33073 POMPANO FL 33073 3. Mailing Address \_/60/ S.FEDELAL HIKHWAY 2. Principal Place of Business 1601 S. FEDERAL HIGHWA Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sity & State SOYNTAN REACH City & State 4. FEI Number Applied For OYNTAN BEACH 65-0552368 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33×35 VSA 33 h 32 ISA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HYMIE JACK GIEN GERSOWSKY, JAKE Street Address (P.O. Box Number is Not Acceptable) 4100 N POWERLINE RD STE H-5 1601 S. FEBERAL HIGHWAY POMPANO BEACH FL 33073 Zip Code s this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity s PRESIDENT Signature, typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE-NOW!!!-FEE-IS \$150.00= 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May-1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME GIEN, HYMIE-JACK NAME 4100 N POWERLINE ROAD STE H-5 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33073 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE Change NAME NAME GARY HELDENMUITH CIVIN, STAN 10382 BUENA VENTURA DRIVE STREET ADDRESS 2090 NE. 124TH STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP VORTH MIAMI FLOUBA 33/8/ Delete Change Addition TITLE TITLE ALLOUDIN BHULLAR NAME NAME GERSOWSKY, JAKE STREET ADDRESS 4100 N POWERLINE ROAD H5 STREET ADDRESS 3080 S. W/39 TH TELLACE CITY-ST-ZIP POMPANO BEACH FL 33073 CITY-ST-ZIP DAVIE FLORIDA 33330 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete [] Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information t sylvue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director incovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supp

SIGNATURE:

indicated on this report or supplementa of the corporation or the receiver or truchanged, or on an attachment with at