

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90095 035 ***150.00

DOCUMENT # P96000022009

1. Entity Name
RULA INVESTMENTS, INC.

Principal Place of Business

**31608 US HWY 19 NORTH
PALM HARBOR FL 34684**

Mailing Address

**162 OLD SURREY LANE
RICHMOND HILL ON L4C 7-5
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number

59-3380727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, DENNIS R

**31608 US HWY 19 NORTH
PALM HARBOR FL 34684**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**

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**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.**

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BOUTROS, MORCOS 162 OLD SURREY LANE RICHMOND HILL ON L4C 7	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORCOS, SOUAD 162 OLD SURREY LANE RICHMOND HILL ON L4C 7	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORCOS, RULA 162 OLD SURREY LN RICHMOND HILL ON L4C 7E5	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHREICH, ANTOINETTE 100 OBSERVATORY LN #1514 RICHMOND HILL ON L4C- 1T4	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELNAJJ, COLETTE 162 OLD SURREY LN RICHMOND HILL ON L4C- 7E5	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREDS, FATEZ 162 OLD SURREY LN RICHMOND HILLS ON L4C- 7E5	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BOUTROS MORCOS 162 OLD SURREY LANE RICHMOND HILL ON L4C 7E5 CANADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MORCOS SOUAD 162 OLD SURREY LANE RICHMOND HILL, ONTARIO L4C7E5 CANADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORCOS RULA 162 OLD SURREY LANE RICHMOND HILL, ONTARIO L4C7E5 CANADA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHREICH ANTOINETTE 162 OLD SURREY LANE RICHMOND HILL, ONTARIO, L4C7E5 CANADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EL-HAJJ COLETTE 162 OLD SURREY LANE RICHMOND HILL, ONTARIO L4C7E5 CANADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORCOS FAYEZ 162, OLD SURREY LANE RICHMOND HILL, ONTARIO, L4C7E5 CANADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)