

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90047 021 ***150.00

DOCUMENT # P96000045622

1. Entity Name
BULA CORP.

Principal Place of Business
C/O SQUARE ONE ASSOC. INC
2 NE 40 STREET 402
MIAMI FL 33137
US

Mailing Address
C/O SQUARE ONE ASSOC. INC
P.O. BOX 165539
MIAMI FL 33116-5529
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
40 SQUARE ONE ASSOCIATES

3. Mailing Address

Suite, Apt. #, etc.
2780 S.W. 37 AVE (205)

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State

4. FEI Number 65-0746626

Applied For
Not Applicable

Zip 33133 Country USA

Zip Country

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

GROSSMAN, JEROME
2 NE NO STREET #3402
MIAMI FL 33137

Name GROSSMAN, JEROME
Street Address (P.O. Box Number is Not Acceptable)
2780 S.W. 37 AVENUE (SUITE 205)
City MIAMI FL Zip Code 33133

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 JEROME GROSSMAN 01/30/01
(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GROSSMAN, JEROME 2 NE 40 STREET #402 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITTER, BRENDA 2 NE 40 STREET #402 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GROSSMAN, JEROME 2780 S.W. 37 AVE. (205) MIAMI, FL. 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITTER, BRENDA 2780 S.W. 37 AVE (205) MIAMI, FL. 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 like empowered.

SIGNATURE: U.P. JEROME GROSSMAN 01/30/01 (305)662-6772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)