

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -6 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000058926  
**1. Entity Name**  
 BULL INVESTMENTS, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 9559 Harding Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> 9559 Harding Avenue Suite, Apt. #, etc.	
City & State Surfside, Fl.		City & State Surfside, Fl.	
Zip 33154	Country Dade	Zip 33154	Country Dade

DO NOT WRITE IN THIS SPACE


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<b>4. FEI Number</b> 65-0765327	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**7. Name and Address of Current Registered Agent**

Name Vivies, Patrick	
Street Address (P.O. Box Number is Not Acceptable) 700 E. Dania Beach Blvd #202	
City Dania	FL Zip Code 33004

**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  (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dp Brocherie, Daniel 9559 Harding Avenue Surfside, Fl. 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600005555066--3 -05/16/02--01050--023 ****150.00 ****150.00
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **04/30/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)