

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

DOCUMENT # P97000058926

1. Entity Name

BULL INVESTMENTS, INC.

FILED

02 MAY -6 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9559 Harding Avenue
Suite, Apt. #, etc.

3. Mailing Address

9559 Harding Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Surfside, Fl.

City & State

Surfside, Fl.

4. FEI Number

65-0765327

Applied For

Not Applicable

Zip

33154

Country

Dade

Zip

33154

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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) ☒

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

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #