

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066585

1. Entity Name

BUDLU INC.

Principal Place of Business

409 SW 74TH AVE.  
N. LAUDERDALE FL 33068

Mailing Address

409 SW 74TH AVE.  
N. LAUDERDALE FL 33068-1432

2. Principal Place of Business

5780 N. Powerline Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Box 523, 4

City & State

Ft Lauderdale FL

City & State

Zip

Country

Zip

Country

33309

Broward

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
RHODES, NORMAN D JR.  
409 SW 74TH AVE.  
N. LAUDERDALE FL 33068

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
RHODES, LAUREN E  
409 SW 74TH AVE.  
N. LAUDERDALE FL 33068

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

954-772-1458

Daytime Phone #



DO NOT WRITE IN THIS SPACE

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90099 006 \*\*\*150.00