

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035796

1. Entity Name

BULSTAR, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90129 030 ***150.00

002194



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2129 NORTH UNIVERSITY DRIVE
 CORAL SPRING FL 33071

2129 NORTH UNIVERSITY DRIVE
 CORAL SPRING FL 33071-6134

2. Principal Place of Business

2129 N University Dr

3. Mailing Address

2129 N University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

650911535

Applied For

Not Applicable

Zip

33071

Country

USA

Zip

33071

Country

USA

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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

Ilana Ivanova

4/27/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 CITY-ST-ZIP
 PSTD
 IVANOVA, ILIANA
 2129 NORTH UNIVERSITY DRIVE
 CORAL SPRINGS FL 33071 ☐ Delete

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☐ 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:

Ilana Ivanova
 ILIANA IVANOVA

Date

Daytime Phone #

4/27/2000

954-340-1803

CR2E034 (9/99)