


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90192 013 ****61.25

DOCUMENT # 723249

1. Entity Name
EMERALD GREEN SECTION FOUR, INC.



Principal Place of Business
**3501 KEYSER AVE.
VILLA 61
HOLLYWOOD FL 33021
US**

Mailing Address
**3501 KEYSER AVE.
VILLA 61
HOLLYWOOD FL 33021
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1514402** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PARIS, MILTON
3501 N. KEYSER AVENUE
VILLA #61
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Milton Paris* **PARIS, MILTON** **2-17-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BOCHAKOFF, FRANCINE	
STREET ADDRESS	3501 KEYSER AVENUE #55	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PARIS, ANITA K	
STREET ADDRESS	3501 KEYSER AVENUE, #55	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, ADELE	
STREET ADDRESS	3501 N. KEYSER #57	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LENER, LEON	
STREET ADDRESS	3501 KEYSER AVENUE #69	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	SABRA, MIRIAM	
STREET ADDRESS	3501 KEYSER AVENUE #58	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARIS, MILTON	
STREET ADDRESS	3501 N KEYSER AVENUE, VILLA 61	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALAN NEUMAN	
STREET ADDRESS	3501 KEYSER AVG # 37	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORNSTEIN, RICHARD	
STREET ADDRESS	3501 KEYSER AVG # 63	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARON, ADRIENNE	
STREET ADDRESS	3501 KEYSER AVG # 67	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON LERNER	
STREET ADDRESS	3501 KEYSER AVG # 69	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIS, MILTON	
STREET ADDRESS	3501 KEYSER AVG	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Milton Paris* **PARIS, MILTON** **2-17-03** **954-965-0438**
Signature and typed or printed name of signing officer. DATE TELEPHONE NUMBER

CR2E037 (10/02)