

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90107 029 ****61.25

0026734

DOCUMENT # N50230

1. Entity Name

DISTRICT FOUR, INC.

Principal Place of Business

Mailing Address

6401 SW 87 AVE
 STE 204
 MIAMI FL 33173
 US

6401 SW 87 AVE
 STE 204
 MIAMI FL 33173
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0349921

Applied For

Not Applicable

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

CARNEY, JERRY
6401 S.W. 87 AVE., SUITE 204
MIAMI FL 33173

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
 NAME **RODRIGUEZ, CRISTINE**
 STREET ADDRESS **91970 OVERSEAS HWY**
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Tamra Sheffman**
 STREET ADDRESS **4600 Royal Palm Ave.**
 CITY-ST-ZIP **Miami FL 33140**

TITLE **D** ☒ Delete
 NAME **GOLDSTEIN, SANDRA**
 STREET ADDRESS **240 CRANDON BLVD. STE 211**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **D** ☒ Change ☐ Addition
 NAME **Jerry Grubill**
 STREET ADDRESS **675 Arthur Godfrey Rd. 1st fl.**
 CITY-ST-ZIP **Miami Beach 33140**

TITLE **D** ☒ Delete
 NAME **LANCASTER, DONNA**
 STREET ADDRESS **375 MIRACLE MILE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
 NAME **Mary Krantz**
 STREET ADDRESS **12695 S. Dixie Hwy**
 CITY-ST-ZIP **Miami, FL 33156-5963**

TITLE **DS** ☐ Delete
 NAME **LEVINE, MAUREEN**
 STREET ADDRESS **700 S ROYAL POINCIANA BLVD # 800**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DS 1/28/02 305 468-7050

CR2E037 (9/01)