

5/8/00

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-08-2000 90008 024 ***150.00

DOCUMENT # P99000050125

1. Entity Name
THE FOUR OF US, INC.

Principal Place of Business 8305 SW 152ND AVE SUITE 514 MIAMI FL 33193	Mailing Address 8305 SW 152ND AVE SUITE 514 MIAMI FL 33193-4058
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17324 SW 138 Ct	3. Mailing Address Same as princ office
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami	City & State FL	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33177	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PABA, IRINA
8621 S.W. 146TH ST.
MIAMI FL 33158

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 PD	VILLASENOR, PRISCILLA <input type="checkbox"/> Delete
NAME	8305 SW 152ND AVE
STREET ADDRESS	MIAMI FL 33193
CITY-ST-ZIP	
TITLE VD	PABA, IRINA <input type="checkbox"/> Delete
NAME	8621 SW 146TH ST
STREET ADDRESS	MIAMI FL 33158
CITY-ST-ZIP	
TITLE SD	OSORIO, EFRAIN <input type="checkbox"/> Delete
NAME	8621 SW 146TH ST
STREET ADDRESS	MIAMI FL 33158
CITY-ST-ZIP	
TITLE TD	MESA, JUAN G <input type="checkbox"/> Delete
NAME	8305 SW 152ND AVE
STREET ADDRESS	MIAMI FL 33193
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Priscilla Villaseñor* **Priscilla Villaseñor** **4/10/00** **(305) 992 3701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #