

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 14, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90217 030 \*\*\*150.00

**DOCUMENT # P99000050125**

*LA*

1. Entity Name  
**THE FOUR OF US, INC.**

Principal Place of Business  
 17324 SW 138 CT  
 SUITE 514  
 MIAMI FL 33177

Mailing Address  
 17324 SW 138 CT  
 SUITE 514  
 MIAMI FL 33177

48503



65 1091794 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		APPLIED FOR		<input checked="" type="checkbox"/> Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		* <input checked="" type="checkbox"/>				<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country						

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PABA, IRINA 8621 S.W. 148TH ST. MIAMI FL 33158				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Priscilla Villaseñor* DATE: 4/03/01

Signature, typed or printed name of registered agent and date 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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLASENOR, PRISCILLA 8305 SW 152ND AVE MIAMI FL 33193	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	17324 SW 138 CT MIAMI FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PABA, IRINA 8621 SW 148TH ST MIAMI FL 33158	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OSORIO, EFRAIN 8621 SW 148TH ST MIAMI FL 33158	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MESA, JUAN G 8305 SW 152ND AVE MIAMI FL 33193	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	17324 SW 138 CT MIAMI FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Priscilla Villaseñor* DATE: 3/15/01 (786) 293-3499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)