


03-19-2003 90138 027 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000077792			
1. Entity Name M.R. FOUR, INC.			
Principal Place of Business 1710 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441		Mailing Address 1710 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441	
2. Principal Place of Business <b>3357 W. HILLSBORO BLVD</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DEERFIELD BEACH, FL</b>		City & State	
Zip <b>33442</b>		Country <b>BROWARD</b>	
4. FEI Number <b>65-0957775</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent <b>WHITE, ROBERT A 1401 UNIVERSITY DR., STE. 600 CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when existing)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD RUFFOLO, MARIO 4740 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFFOLO, MARIO	NAME	
STREET ADDRESS	4740 WEST HILLSBORO BLVD.	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP	
TITLE	VD RUFFOLO, MARK 4740 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFFOLO, MARK	NAME	
STREET ADDRESS	4740 WEST HILLSBORO BLVD.	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP	
TITLE	VD RUFFOLO, MICHAEL 1740 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFFOLO, MICHAEL	NAME	
STREET ADDRESS	1740 WEST HILLSBORO BLVD.	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP	
TITLE	STD RUFFOLO, MARGARET 1710 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFFOLO, MARGARET	NAME	
STREET ADDRESS	1710 WEST HILLSBORO BLVD.	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP	
TITLE	RUFFOLO, MARIO 3357 W. HILLSBORO BLVD DEERFIELD BEACH, FL 33442	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFFOLO, MARIO	NAME	
STREET ADDRESS	3357 W. HILLSBORO BLVD	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(13)(c), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Mario Ruffolo</i>		DATE: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

*Address*



CR2E034 (10/02)