

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H01730

1. Entity Name

4TH & 4TH CORP.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90042 024 ***150.00

Principal Place of Business

412 NE 3RD AVENUE
FT. LAUDERDALE FL 33301
US

Mailing Address

412 NE 3RD AVENUE
P. O. BOX 030399
FT. LAUDERDALE FL 33303-0361
US

LU0003677



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

418 NE 5 ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT LAUD FL

City & State

4. FEI Number

59-2400363

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, PETER M.
418 NE 5TH STREET
FT. LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

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 PSD
NAME FELDMAN, PETER M.
STREET ADDRESS 418 NE 5TH STREET
CITY-ST-ZIP FT LAUDERDALE FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter M Feldman 01/15/00 954 583 4050

CR2E034 (9/99)