


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08/08/04

**DOCUMENT # 716223**

1. Entity Name  
**FOUR PARTNERS CONDOMINIUM, INC.**



**FILED**  
08 JUN 12 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

**601 85TH ST.  
MIAMI BEACH FL 33141**      **601 85TH ST.  
MIAMI BEACH FL 33141**



CHECK HERE IF MAKING CHANGES

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 **65-0043651**       Added For       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FERMIN, COTERA  
601 - 85 ST  
APT #1  
MIAMI BEACH FL 33141**

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE *Fermin Cotera*      6-17-08

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when re-registering)      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 Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>COTERA, FERMIN</b>       |                                 |
| STREET ADDRESS | <b>601 85 ST #1</b>         |                                 |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL 33141</b> |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>CORO, ANTONIO</b>        |                                 |
| STREET ADDRESS | <b>601 85 ST APT2</b>       |                                 |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL</b>       |                                 |
| TITLE          | <b>S</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>FERMIN, RAMON COTERA</b> |                                 |
| STREET ADDRESS | <b>601 - 85 ST, APT # 4</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL 33141</b> |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>COTERA, SILA</b>         |                                 |
| STREET ADDRESS | <b>601 85 ST APT 3</b>      |                                 |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL 33141</b> |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                      |  |
|----------------|--------------------------------------|--|
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME           |                                      |  |
| STREET ADDRESS | <b>500131407725</b>                  |  |
| CITY-ST-ZIP    | <b>06/17/08--01018--003 **\$1.25</b> |  |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME           |                                      |  |
| STREET ADDRESS |                                      |  |
| CITY-ST-ZIP    |                                      |  |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME           |                                      |  |
| STREET ADDRESS |                                      |  |
| CITY-ST-ZIP    |                                      |  |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| 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.

*Fermin Cotera*      6-17-08

CHECK ONLY (10/02)