

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90151 026 \*\*\*158.75

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**DOCUMENT # P02000040015**

1. Entity Name

THE FOUR BROTHERS GROUP, INC.



Principal Place of Business

5101 COLLINS AVE.

FLOOR 3 SUITE D

MIAMI BEACH FL 33140

Mailing Address

5101 COLLINS AVE.

FLOOR 3 SUITE D

MIAMI BEACH FL 33140

2. Principal Place of Business

1726 PARK WAY CT

3. Mailing Address

1726 PARK WAY CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

W. PALM BEACH, FL

City & State

W. PALM BEACH, FL

4. FEI Number

01-0671484

Applied For

Not Applicable

Zip

33413

Country

Zip

33413

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, OSVALDO J

5101 COLLINS AVE.

FLOOR 3 SUITE D

MIAMI BEACH FL 33140

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

G. MANAGER

03/31/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00; May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GONZALEZ, OSVALDO J  
STREET ADDRESS 5101 COLLINS AVE. SUITE D  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME CONTOLI, MARISA ALBA  
STREET ADDRESS 5101 COLLINS AVE. SUITE D  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE  
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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 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:

**SIGNATURE REQUIRED**

G. MANAGER

03/31/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)