

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90094 042 ****61.25

DOCUMENT # 713083

1. Entity Name

FOURTH FORUM CONDOMINIUM CORP., INC.

Principal Place of Business

Mailing Address

**1304 N.E. 191ST STREET
 NORTH MIAMI BEACH FL 33179**

**1304 N.E. 191ST STREET
 NORTH MIAMI BEACH FL 33179**

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

59-1174113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THIERRY, JACQUES
 1304 NE 191 STREET
 #126
 N. MIAMI BEACH FL 33179**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
 NAME **KLETKE, JERRY**
 STREET ADDRESS **1304 NE 191ST #333**
 CITY-ST-ZIP **N M BEACH FL 33179**

TITLE **President** ☒ Change ☐ Addition
 NAME **Jerry A. Perkins**
 STREET ADDRESS **1304 N.E. 191ST MIAMI**
 CITY-ST-ZIP **N. MIAMI BEACH, FL 33179**

TITLE **PD** ☒ Delete
 NAME **JACQUES, THIERRY**
 STREET ADDRESS **1304 NE 1919 STREET**
 CITY-ST-ZIP **N MIAMI BCH. FL 33179**

TITLE **VIC PRESIDENT** ☒ Change ☐ Addition
 NAME **HERBERT S KATZ**
 STREET ADDRESS **1304 NE 191ST**
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **BD** ☐ Delete
 NAME **DEMOS, LINDA**
 STREET ADDRESS **1304 NE 191ST #227**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **NANCY D JACQUES**
 STREET ADDRESS **1304 NE 191 ST. # A-126**
 CITY-ST-ZIP **N. MIAMI, FL. 33179**

TITLE **BMD** ☒ Delete
 NAME **GOMEZ, EDDIE**
 STREET ADDRESS **1304 NE 191ST #332**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE **SECRETARY** ☒ Change ☐ Addition
 NAME **NANCY D JACQUES**
 STREET ADDRESS **1304 NE 191 ST. # A-126**
 CITY-ST-ZIP **N. MIAMI, FL. 33179**

TITLE **BMD** ☐ Delete
 NAME **GRANOFSKY, RUTH**
 STREET ADDRESS **1304 NE 191ST #327**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **BMD** ☐ Delete
 NAME **KAPLAN, LENORE**
 STREET ADDRESS **1304 NE 191ST #231**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

305-812-3743

Date

Daytime Phone #

CR2E037 (9/01)