## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 29, 2002 8:00 am § Secretary of State DOCUMENT # **713304** 1. Entity Name \*FOURTH HORIZONS CONDOMINIUM INC. 01-29-2002 90020 002 \*\*\*\*70.00 Principal Place of Business Mailing Address 1400 NE 191 ST. 1400 NE 191 ST. NORTH MIAMI BEACH FL 33179 #323 NORTH MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State. City & State 4. FEI Number Applied For 59-1226368 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALMAN, MARTIN H Street Address (P.O. Box Number is Not Acceptable) :17290 NE 19TH AVE N MAIMI EBACH FL 33162 Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES 17/D- D TITLE ☐ Delete TITLE ☐ Addition RITTER, MICHAEL NAME NAME STREET ADDRESS 1400 NE 191 STREET #106 STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH: FL!33179 CITY-ST-ZIP **VPD** TITLE ☐ Delete TITLE Change ☐ Addition ALFARD, JESUS NAME NAME STREET ADDRESS 1400 NE 191 STREET #325 STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL 33179 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition Change CAVALCANTE, SUSAN NAME NAME STREET ADDRESS 1400 NE 191 ST. #140 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 CITY-ST-7IP 8/D P/D ☐ Delete TITLE Change ☐ Addition KAVETSKY, MARIE NAME NAME STREET ADDRESS 1400 NE 191 ST. #323 STREET ADDRESS CITY-ST-7IP NORTH MIAMI BEACH FL 33179 CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change ☐ Addition NAME FREEZER, ASHER NAME GLORIA PENTZ STREET ADDRESS 1400 NE 191 ST. #324 STREET ADDRESS 1400 NE 1915. #223 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 CITY-ST-ZIP NOATH MIAMI BEACH FL 33179 TITLE ☐ Delete TITLE Addition Addition Change NAULT, JEFFREY NAME NAME BETTY GOLDBERG STREET ADDRESS 1400 NE 191 ST. #307 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 CITY-ST-7IP NORTH MIAMI BEACH FI 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.

FILED

URE: MOUNTED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR