

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**  
 03-15-2001 90216 034 \*\*\*150.00

0488475

**DOCUMENT # K11790**

1. Entity Name  
**4640, INC.**

Principal Place of Business  
**P.O. BOX 757  
 HALLANDALE FL 33008-0757  
 US**

Mailing Address  
**P.O. BOX 757  
 HALLANDALE FL 33008-0757  
 US**

301811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2875207**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**NOWOGROCKI, STANLEY  
 300 LAYNE BOULEVARD, APT. 113  
 HALLANDALE FL 33009**

Name  
**NOWOGROCKI MICHAEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**32131 HICKORY LANE**  
 City  
**Sorrento FL** Zip Code  
**32776**

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 **MICHAEL J. NOWOGROCKI Sec. TREASURER** **3/12/01**  
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Delete  
 NAME **NOWOGROCKI, STANLEY**  
 STREET ADDRESS **300 LAYNE BLVD., APT. 113**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **NOWOGROCKI, MICHAEL**  
 STREET ADDRESS **32131 HICKORY LANE**  
 CITY-ST-ZIP **SORRENTO FL 32776**

TITLE **PD ST**  Change  Addition  
 NAME **NOWOGROCKI, MICHAEL**  
 STREET ADDRESS **32131 HICKORY LANE**  
 CITY-ST-ZIP **SORRENTO, FL 32776**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **MICHAEL J. NOWOGROCKI** **3/12/01** **352 383-3105**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)