

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90004 039 ***158.75

DOCUMENT # P00000051510

1. Entity Name

4050 INVESTMENT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4675 ANGLERS AVENUE

Suite, Apt. #, etc.

3. Mailing Address
4675 ANGLERS AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE FL

Zip
33312

Country
USA

City & State
FORT LAUDERDALE FL

Zip
33312

Country
USA

4. FEI Number
65-1012440

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
GARELLEK, STEVEN
Street Address (P.O. Box Number is Not Acceptable)
700 SOUTH FEDERAL HIGHWAY
SUITE 200
City **BOCA RATON** **FL** **Zip Code** **33432**

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORY C DEJOHN 4675 ANGLERS AVENUE FORT LAUDERDALE FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUY V DEJOHN 4675 ANGLERS AVENUE FORT LAUDERDALE FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIKE YEARY 1530 NW 26 AVENUE POMPANO BEACH, FL 33069
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregory C DeJohn, Pres.

3/6/02

954/961-4222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)