

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059160

1. Entity Name
FOUR TREES CORP.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90037 041 ***150.00

Principal Place of Business

2401 COLLINS AVENUE
APT 1911
MIAMI BEACH FL 33140

Mailing Address

2401 COLLINS AVENUE
APT 1911
MIAMI BEACH FL 33140

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10350 W. Bay Harbor Drive

Suite, Apt. #, etc.

Suite 3E

City & State

Bay Harbor Florida

Zip

33154

Country

Miami-Dade

4. FEI Number

65-1033175

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, RUBAN A
2401 COLLINS AVENUE
APT 1911
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name
FERNANDEZ, RUBEN

Street Address (P.O. Box Number is Not Acceptable)
10350 W. BAY HARBOR DRIVE

Suite 3E

City
Bay Harbour

FL

Zip Code
33154

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)

3/13/01

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

TITLE
NAME
D
ITURROSPE, OSVALDO M
STREET ADDRESS
2401 COLLINS AVENUE APT 1811
CITY-ST-ZIP
MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
D
ITURROSPE, MATIAS J
STREET ADDRESS
2401 COLLINS AVENUE APT 1811
CITY-ST-ZIP
MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D/VP
ITURROSPE, OSVALDO M. ☒ Change ☐ Addition
STREET ADDRESS
10350 W. Bay Harbor Dr., STE. 3E
CITY-ST-ZIP
Bay Harbor, Fl. 33154

TITLE
NAME
D/P/S/T
ITURROSPE, MATIAS J. ☒ Change ☐ Addition
STREET ADDRESS
10350 W. Bay Harbor Dr., STE. 3E
CITY-ST-ZIP
Bay Harbor, Fl. 33154

TITLE
NAME
VP
FERNANDEZ, RUBEN ☐ Change ☒ Addition
STREET ADDRESS
10350 W. Bay Harbor Dr., STE. 3E
CITY-ST-ZIP
Bay Harbor, Fl. 33154

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, which is not like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATIAS J. ITURROSPE

03/12/01

Date

305-4582455

Daytime Phone #

CR2E034 (10/00)