

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90972 018 \*\*\*150.00

1/02/2618 AV

**DOCUMENT # P00000059160**

1. Entity Name  
**FOUR TREES CORP.**

Principal Place of Business

**2401 COLLINS AVENUE  
APT 1911  
MIAMI BEACH FL 33140**

Mailing Address

**10350 W. BAY HARBOR DRIVE  
SUITE 3E  
BAY HARBOR FL 33154**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10350 W BAY HARBOR DR**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 3E**

City & State  
**BAY HARBOR FL**

City & State

4. FEI Number **65-1033175**

Applied For  
Not Applicable

Zip  
**33154**

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, RUBAN A  
10350 W. BAY HARBOR DRIVE  
SUITE 3E  
BAY HARBOR FL 33154**

7. Name and Address of New Registered Agent

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

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, 2002 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 **DVP** ☐ Delete  
NAME **ITURROSPE, OSVALDO M**  
STREET ADDRESS **10350 W. BAY HARBOR DR., STE. 3E**  
CITY-ST-ZIP **BAY HARBOR FL 33154**

TITLE **DPST** ☐ Delete  
NAME **ITURROSPE, MATIAS J**  
STREET ADDRESS **10350 W. BAY HARBOR DR., STE. 3E**  
CITY-ST-ZIP **BAY HARBOR FL 33154**

TITLE **VP** ☐ Delete  
NAME **FERNANDEZ, RUBEN**  
STREET ADDRESS **10350 W. BAY HARBOR DR., STE. 3E**  
CITY-ST-ZIP **BAY HARBOR FL 33154**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/28/02

CR2E034 (9/01)