

# 2001 UNIFORM BUSINESS REPORT (UBR)

0224636

DOCUMENT # P00000063135

1. Entity Name

FOUR POINT USA INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

02 JAN 17 PM 3:31

Principal Place of Business

9930 NW 30TH STREET  
MIAMI FL 33172

Mailing Address

9930 NW 30TH STREET  
MIAMI FL 33172

2. Principal Place of Business

9999 NW 89 AV.

3. Mailing Address

9999 NW 89 AV

Suite, Apt. #, etc.

Bay 12

Suite, Apt. #, etc.

Bay 12

City & State

Medley FL 33178

City & State

Medley Florida

Zip

33178

Country

USA

Zip

33178

Country

USA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1034662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, OSCAR

9930 NW 30TH STREET  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

OSCAR ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)

9999 NW 89 AV. Bay 12

City

Medley

FL

Zip Code

33178

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, 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 STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, OSCAR 9930 NW 30TH STREET MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ALVAREZ, MARIA G 9930 NW 30TH STREET MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ OSCAR 9999 NW 89 AV Bay 12 Medley FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE ALVAREZ MARIA G 9999 NW 89 AV Bay 12 Medley FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004795582-6 -01/25/02--01018-003 ****908.75 ****908.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 #

CR2E034 (10/00)