

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90218 028 \*\*\*150.00

**DOCUMENT # P00000063135**

**1. Entity Name**  
**FOUR POINT USA INC.**



**Principal Place of Business**  
**9999 NW 89 AVE**  
**BAY 12**  
**MEDLEY FL 33178**

**Mailing Address**  
**9999 NW 89 AVE**  
**BAY 12**  
**MEDLEY FL 33178**

**2. Principal Place of Business**

**6900 NW 84 AV**

**3. Mailing Address**

**6900 NW 84 AV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Miami, Florida**

**City & State**  
**Miami, Florida**

**4. FEI Number** 65-1034662

Applied For  
Not Applicable

**Zip** 33166 **Country** USA

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**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**

**ALVAREZ, OSCAR**  
**9999 NW 89 AVE**  
**BAY 12**  
**MEDLEY FL 33178**

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. I am familiar with, and accept the obligations of registered agent.**

**\*SIGNATURE**

Signature, typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-10-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ Delete  
**NAME** ALVAREZ, OSCAR  
**STREET ADDRESS** 9999 NW 89 AVE BAY 12  
**CITY-ST-ZIP** MEDLEY FL 33178

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

**TITLE** D ☐ Delete  
**NAME** DE ALVAREZ, MARIA G  
**STREET ADDRESS** 9999 NW 89 AVE BAY 12  
**CITY-ST-ZIP** MEDLEY FL 33178

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**CITY-ST-ZIP**

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address in all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-10-03**

Date

Daytime Phone #

**297 786 290 7073**

CR2E034 (10/02)