FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1 of 2

FILED
02 MAY -1 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000091904

1. Entity Name
4-A-Fee Property Management Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1975 E. Sunrise Blvd	Same
Suite, Apt. #, etc. #509	Suite, Apt. #, etc. Same
City & State Ft. Lauderdale, FL	City & State Same
Zip 33304 County USA	Zip Same County Same

DO NOT WRITE IN THIS SPACE
01-0CT05

4. FEI Number 65-1062856 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St.

City: Tallahassee FL Zip Code: 32301

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: Pres. / V.P.	TITLE:
NAME: Eliot Lupkin	NAME:
STREET ADDRESS: 1975 E. Sunrise Blvd	STREET ADDRESS:
CITY-ST-ZIP: Ft. Laud., FL 33304	CITY-ST-ZIP: 600005419836--5
TITLE: Sec. / Treas.	TITLE:
NAME: Connie Ives	NAME:
STREET ADDRESS: 1975 E. Sunrise Blvd	STREET ADDRESS:
CITY-ST-ZIP: Ft. Laud., FL 33304	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP: DO NOT WRITE
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP: IN THIS SPACE
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	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 on an attachment with an asterisk, with all other like empowered.

SIGNATURE: Eliot Lupkin 04/30/02 954-767-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ACCOUNT NO. : 072100000032

REFERENCE : 558526 8975A

AUTHORIZATION : Patricia Pujet

COST LIMIT : $ 300.00

ORDER DATE : May 1, 2002

ORDER TIME : 3:17 PM

ORDER NO. : 558526-005

CUSTOMER NO: 8975A

CUSTOMER: Eliot Lupkin, Esq
Eliot Lupkin, P.a.
Suite 509
1975 East Sunrise Boulevard
Ft. Lauderdale, FL 33304

RECEIVED
02 MAY -1 PM 4:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: 4-A-FEE PROPERTY MANAGEMENT INC.

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar-EXT#1124

EXAMINER'S INITIALS: _____