

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91178 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P00000096899
1. Entity Name	
4TOR'S INC	

90129845

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3800 NE 6 AVE		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL			
Zip	Country	Zip	Country
33137	USA		

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-1046893	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7.- Name and Address of Current Registered Agent	
Name	
ALLISTER ROPER	
Street Address (P.O. Box Number is Not Acceptable)	
3800 NE 6 AVE	
City	Zip Code
MIAMI	33137

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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ALLISTER ROPER
STREET ADDRESS	3800 NE 6 AVE
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	MONTCLAIR ROPER
STREET ADDRESS	1191 NE 160 ST
CITY-ST-ZIP	NO MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLISTER ROPER

4-30-03

Date

305-335-2543

Daytime Phone #