

2002 UNIFORM BUSINESS REPORT (UBR)

8/11/20

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-11-2002 90168 002 ***550.00

DOCUMENT # P01000016441

1. Entity Name
 FOUR PAL'S, INC.

Principal Place of Business
 8837 LATREC AVE., APT. 105
 ORLANDO FL 32819

Mailing Address
 8837 LATREC AVE., APT. 105
 ORLANDO FL 32819

2. Principal Place of Business
 12515 SW, 45TH ST

3. Mailing Address
 SAME

Suite, Apt. #, etc.
 806

Suite, Apt. #, etc.
 SAME

City & State
 DAVIE, FL

City & State
 SAME

Zip
 33330

Zip
 S.

4. FEI Number
 593710014

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TUNA, LUIS
 8837 LATREC AVE., APT. 105
 ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name
 LUIS TUNA
 Street Address (P.O. Box Number is Not Acceptable)
 6560 WEST 27TH COURT SUITE 23
 City
 HIALEAH FL Zip Code
 33016

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 of the person named in the statement of the registered agent and the filer if applicable

(NOTE: Registered Agent signature required when reinstating)

8-5-2002
 DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and effects 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
 PD
 NAME
 TUNA, LUIS
 STREET ADDRESS
 8837 LATREC AVE., APT. 105
 CITY-ST-ZIP
 ORLANDO FL 32819 ☒ Delete

TITLE
 VD
 NAME
 MORA, GABRIEL
 STREET ADDRESS
 8837 LATREC AVE., APT. 105
 CITY-ST-ZIP
 ORLANDO FL 32819 ☒ Delete

TITLE
 TD
 NAME
 NAVAS, GUSTAVO
 STREET ADDRESS
 8837 LATREC AVE., APT. 105
 CITY-ST-ZIP
 ORLANDO FL 32819 ☒ Delete

TITLE
 SD
 NAME
 SANGUINETTI, PAULO
 STREET ADDRESS
 8837 LATREC AVE., APT. 105
 CITY-ST-ZIP
 ORLANDO FL 32819 ☒ Delete

TITLE
 D
 NAME
 TUNA, LUIS
 STREET ADDRESS
 8837 LATREC AVE., APT. 105
 CITY-ST-ZIP
 ORLANDO FL 32819 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 PD
 NAME
 TUNA, LUIS
 STREET ADDRESS
 12515 SW, 45TH ST.
 CITY-ST-ZIP
 DAVIE, FL 33330 ☒ Change ☐ Addition

TITLE
 VD
 NAME
 MORA, GABRIEL
 STREET ADDRESS
 12515 SW, 45TH ST.
 CITY-ST-ZIP
 DAVIE, FL 33330 ☒ Change ☐ Addition

TITLE
 TD
 NAME
 NAVAS, GUSTAVO
 STREET ADDRESS
 12515 SW, 45TH ST.
 CITY-ST-ZIP
 DAVIE, FL 33330 ☒ Change ☐ Addition

TITLE
 SD
 NAME
 SANGUINETTI, PAULO
 STREET ADDRESS
 12515 SW, 45TH ST.
 CITY-ST-ZIP
 DAVIE, FL 33330 ☒ Change ☐ Addition

TITLE
 D
 NAME
 TUNA, LUIS
 STREET ADDRESS
 12515 SW, 45TH ST.
 CITY-ST-ZIP
 DAVIE, FL 33330 ☒ Change ☐ Addition

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

8-5-02. 205 970 9277

Date

Daytime Phone #

CR2E034 (9/01)