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FILED
Jun 06, 2002 8:00 am
Secretary of State
05-14-2002 90355 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043752

1. Entity Name
TWENTY POINT 4, INC

DO NOT WRITE IN THIS SPACE

91779

2. Principal Place of Business: 9841 SW 1ST COURT	3. Mailing Address: c/o BERNGARD & ASSOC 6421 CONGRESS AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc: SUITE 100
City & State: PLANTATION, FL	City & State: BOCA RATON, FL
Zip: 33324 Country: BROWARD	Zip: 33487 Country: PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1096895 ☐ 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: GLEN BERNGARD
Street Address (P.O. Box Number is Not Acceptable): 6421 CONGRESS AVENUE
SUITE 100
City: BOCA RATON FL Zip Code: 33487

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] 6/3/02 [signature] 4-26-02
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STANLEY WASSER 9841 SW 1ST COURT PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 address, with all other like empowered.

SIGNATURE: [signature] Pres 4.26.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #