

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90218 045 ***150.00

DOCUMENT # P01000054916

1. Entity Name

FOUR FAMILIES INVESTMENT GROUP, INC.



Principal Place of Business

**1360 NW 95 TERRACE
MIAMI FL 33147**

Mailing Address

**PO BOX 267024
WESTON FL 33326**

2. Principal Place of Business

2945 N.W. 206 ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Carol City FL

City & State

Zip

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1111955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, DARRELL
2945 NW 206 STREET
CAROL CITY FL 33056**

7. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, DARRELL/SHERRI	
STREET ADDRESS	2945 NW 206 STREET	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARTER, RODERICK	
STREET ADDRESS	3274 NW 102 AVE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARTER, EARTHLY	
STREET ADDRESS	3274 NW 102 AVE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	S	<input type="checkbox"/> Delete
NAME	PONDER, ALONZO	
STREET ADDRESS	13780 NW 22 PLACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	S	<input type="checkbox"/> Delete
NAME	PONDER, BELINDA	
STREET ADDRESS	13780 NW 22 PLACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	T	<input type="checkbox"/> Delete
NAME	MASON, GARY/CHERYL	
STREET ADDRESS	1360 NW 95 TERRACE	
CITY-ST-ZIP	MIAMI FL 33147	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

DARRELL WILLIAMS 2/7/03 305-6230032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)