

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114724

1. Entity Name

FOUR A.G., INC

Principal Place of Business

Mailing Address

2169 ENSENADA TERR.
WESTON FL 33327

2169 ENSENADA TERR.
WESTON FL 33327

93582



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2169 Ensenada Terr.

3. Mailing Address
2169 Ensenada Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Weston FL

City & State
Weston FL

4. FEI Number
04-3598423

Applied For
Not Applicable

Zip
33327

Country
USA

Zip
33327

Country
USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, REBECA M
2169 ENSENADA TERR.
WESTON FL 33327

Name
Delgado, Rebeca
Street Address (P.O. Box Number is Not Acceptable)
2169 Ensenada Terrace
City
Weston FL Zip Code
33327

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DELGADO, REBECA M
2169 ENSENADA TERR.
WESTON FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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Change Addition

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CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

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

Date

Daytime Phone #

CR2E034 (9/01)