

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

1/1

01-13-2003 90447 034 ***150.00

DOCUMENT # P02000088726

1. Entity Name
FOUR CEES, INC.



Principal Place of Business
**15 W 37 ST 12 FLOOR
NEW YORK NY 10018**

Mailing Address
**15 W 37 ST 12 FLOOR
NEW YORK NY 10018**

2. Principal Place of Business
15 W 37 STREET,

3. Mailing Address
15 W 37 STREET

Suite, Apt. #, etc.
12th FLOOR

Suite, Apt. #, etc.
12th FLOOR

City & State
NEW YORK

City & State
NEW YORK

Zip
10018

Country

Zip
10018

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
37-1439380

Applied For
Not Applicable

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

**FLORIDA AGENT SERVICES, LLC
122 BRICKELL AVE 9 FLOOR
MIAMI FL 33131**

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 fee 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE
NAME **EMMA ISKANDARIAN** ☐ Delete
STREET ADDRESS **420 E 64 STREET, APT W8A**
CITY-ST-ZIP **NEW YORK, NY 10021**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **EMMA ISKANDARIAN**
STREET ADDRESS **420 E 64 ST, APT W8A**
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

Date

212-7306419

Daytime Phone

CR2E034 (10/02)