

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000045608

1. Entity Name

FOUR.S GROUP, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90075 026 ***150.00

Principal Place of Business

2333 PONCE DE LEON BLVD
308
CORAL GABLES FL 33134
US

Mailing Address

2333 PONCE DE LEON BLVD
308
CORAL GABLES FL 33134-5418
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0426662

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

KFOURY, SIMONE E.
501 BRICKELL DR SUITE 210
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.

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, 2000 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

D ☐ Delete
KFOURY, SIMONE E
2333 PONCE DE LEON BLVD, #308
CORAL GABLES FL

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

SENIOR VICE-PRESIDENT ☐ Change ☒ Addition

S. Salloum
2333 Ponce De Leon Blvd, #308
Coral Gables, FL 33134

Vice-President of Operations ☐ Change ☒ Addition

S. HAMDAN
2333 Ponce De Leon Blvd #308
Coral Gables, FL 33134

☐ Change ☐ Addition

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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 (9/99)