

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90017 003 \*\*\*150.00

0218818 AV

**DOCUMENT # P96000027914**

1. Entity Name

**FOUR CORNERS INTERNATIONAL TRADING, INC.**

Principal Place of Business

**1450 16 STREET, UNIT 3  
 MIAMI BEACH FL 33139**

Mailing Address

**3300 NE 2ND AVE  
 70  
 MIAMI FL 33137**

2. Principal Place of Business

**3300 NE 2nd Ave.  
 Suite, Apt. #, etc. # 70**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

Zip

**33137**

Country

Zip

Country

4. FEI Number

**65-0655260**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**EDELSTEIN, JEREMY  
 1450 16TH STREET #3  
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

**Edelstein, Jeremy**

Street Address (P.O. Box Number is Not Acceptable)

**1210 Packer St.**

City

**Key West**

**FL**

Zip Code

**33040**

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]*

**Jeremy Edelstein**

**3/2/02**

(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) ☐

**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

TITLE: **PSTD**  
 NAME: **EDELSTEIN, JEREMY S**  
 STREET ADDRESS: **1450 16 STREET, UNIT 3**  
 CITY-ST-ZIP: **MIAMI BEACH FL 33139**

☐ Delete

TITLE:   
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 STREET ADDRESS:   
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PSTD**  
 NAME: **Edelstein, Jeremy S.**  
 STREET ADDRESS: **1210 Packer St.**  
 CITY-ST-ZIP: **Key West, FL 33040**  
☒ Change ☐ Addition

TITLE:   
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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 a name like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/02**

Date

**(305) 296-0027**

Daytime Phone #

CR2E034 (9/01)