2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089173

1. Entity Name

EMERALD FOUR, INC.

FILED
00 SEP -5 PM 12:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
22 Turtle Walk Key Biscayne, FL 33149	2900 S.W. 28th Terrace 5th Floor Miami, FL 33133

2. Principal Place of Business	3. Mailing Address
22 Turtle Walk	2900 S.W. 28th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5th Floor
City & State: Key Biscayne, FL	City & State: Miami, FL
Zip: 33149 Country: USA	Zip: 33133 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ 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
Nicholas E. Christin 2655 LeJeune Road, Suite 1101 Coral Gables, FL 33134	Name: Nicholas E. Christin Street Address (P.O. Box Number is Not Acceptable): 2900 S.W. 28th Terrace 5th Floor City: Miami FL Zip Code: 33133

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 _____ 8/1/00
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 / STREET ADDRESS / CITY-ST-ZIP	P/S/T/D Patricia Smith 22 Turtle Walk Key Biscayne, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Patricia M. Smith Patricia M. Smith 8/30/00 305-361-2827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #