FILED

2002 Uniform Business Report (UBR)

Apr 16, 2002 8:00 am Secretary of State P97000090961 DOCUMENT # 1. Entity Name 04-16-2002 90066 050 ***150.00 EQUITY PARTNERS FOUR, INC. Principal Place of Business Mailing Address 3696 N. FEDERAL HWY 3696 N. FEDERAL HWY SUITE 101 SUITE 101 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0792282 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barney Danzansky Street Address (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET <u>3696 N. Federal Hwy.</u> TALLAHASSEE FL 32301-2525 Suite 101 City Zip Code <u>Ft. Lauderdale</u> <u>33308</u> 8. The above named entity submits office or registered agent, or both, in the State of Florida. BARNEY DANZANSKY PRESIDENT (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) TITLE TITLE ☐ Addition ☐ Delete DANZANSKY, BARNEY NAME NAME CR2E034 STREET ADDRESS 3696 N FEDERAL HWY.STE #101 STREET ADDRESS FT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE **VPD** Delete TITLE ☐ Change NAME LEON, SCOTT NAME STREET ADDRESS 3696 N FEDERAL HWY, STE #101 STREET ADDRESS FT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE **VPD** _ 🔲 Delete 💄 ☐ Change Addition TITLE KAHAN, DAVID NAME NAME STREET ADDRESS 3696 N FEDERAL HWY, STE #101 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered