

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023410

1. Entity Name

4U INTERNATIONAL CORPORATION

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90132 012 ***150.00

Principal Place of Business

7061 GRANDNATIONAL DRIVE
 SUITE 105B
 ORLANDO FL 32819

Mailing Address

7061 GRANDNATIONAL DRIVE
 SUITE 105B
 ORLANDO FL 32819-8395

2. Principal Place of Business

7061 GRANDNATIONAL DR

3. Mailing Address

7061 GRANDNATIONAL DR

Suite, Apt. #, etc.

Suite 107 A

Suite, Apt. #, etc.

Suite 107 A

City & State

Orlando Florida

City & State

Orlando Florida

Zip

Country

32819

Orange

Zip

Country

32819

Orange

4. FEI Number

59-3507526

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

SOBRINHO, HUMBERTO F
 1934 WEST POINTE CIRCLE
 ORLANDO FL 32835

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	P	<input type="checkbox"/> Delete
NAME	SOBRINHO, HUMBERTO F	
STREET ADDRESS	1934 WEST POINTE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALBUQUERQUE FARIA, INEZ HELENA DE	
STREET ADDRESS	1934 WEST POINTE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

4/7/00

Date

407-852-1906

Daytime Phone #