

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90993 009 ***150.00

DOCUMENT # P98000099512

1. Entity Name
CB 4, INC.

Principal Place of Business Mailing Address
631 EUCLID AVENUE SUITE 7 MIAMI BEACH FL 33139 **P.O. BOX 370768 MIAMI FL 33137-0768**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **333 UNIVERSITY DRIVE** 3. Mailing Address

Suite, Apt. #, etc. **# 222** Suite, Apt. #, etc.

City & State **CORAL GABLES** City & State

Zip **33134** Country Zip Country

4. FEI Number **65-0877718** 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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 DATE

Signature, typed or printed name of registered agent, if not 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	Delete
	PSTD	GALLIER, GEORGE P	631 EUCLID AVENUE	<input checked="" type="checkbox"/>
		MIAMI BEACH FL 33139		
	PSI			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PSTD	GALLIER, GEORGE P.	333 UNIVERSITY DRIVE # 222	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		CORAL GABLES FL 33134		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 OFFICER OR DIRECTOR

04/26/2000 (305) 365-5115
 Date Daytime Phone #

CR 05/24/00/000