## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000050125

Entity Name: THE FOUR OF US, INC.

City-St-Zip: MIAMI, FL 33177

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
17324 SW SUITE 514 MIAMI, FL	4		17324 SW 138 CT MIAMI, FL 33177	
Current Mailing Address:			New Mailing Address:	
17324 SW SUITE 514 MIAMI, FL	4		17324 SW 138 CT MIAMI, FL 33177	
FEI Number	: 65-1031794	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:
PABA, IRII 8621 S.W. MIAMI, FL	. 146TH ST.			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electro			
This corpor		nic Signature of Registered Ag	ent	Date
Election Ca	ation is eligible t	nic Signature of Registered Ag o satisfy its Intangible Tax filing red og Trust Fund Contribution ().		Date
	ation is eligible t	o satisfy its Intangible Tax filing red g Trust Fund Contribution().	quirement and elects to do so (X).	Date ES TO OFFICERS AND DIRECTOR
	ration is eligible t mpaign Financin S AND DIREC	o satisfy its Intangible Tax filing reagg Trust Fund Contribution ( ).  CTORS:  ) Delete  PRISCILLA  3 COURT	quirement and elects to do so (X).	
OFFICER Title: Name: Address:	ration is eligible t mpaign Financin S AND DIREC PD ( VILLASENOR, 17324 SW 138 MIAMI, FL 33	o satisfy its Intangible Tax filing reag Trust Fund Contribution ( ). CTORS:  ) Delete PRISCILLA B COURT 177  ) Delete	quirement and elects to do so (X).  ADDITIONS/CHANG  Title: Name: Address:	ES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	ration is eligible to mpaign Financin S AND DIRECT PD (VILLASENOR, 17324 SW 138 MIAMI, FL 334 VD (PABA, IRINA 8621 SW 1461 MIAMI, FL 334	o satisfy its Intangible Tax filing red og Trust Fund Contribution ( ). CTORS:  ) Delete PRISCILLA B COURT 177  ) Delete TH ST 158  ) Delete AIN TH ST	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PRISCILLA VILLASENOR PD 04/30/2002