

**2000 UNIFORM BUSINESS REPORT (UBR)**

6/1

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

06-19-2000 90006 006 \*\*\*550.00

**DOCUMENT # P99000090277**  
 1. Entity Name  
**PHILIPPE MARQUES 4, INC.**

Principal Place of Business      Mailing Address  
 6270 N.W. 37TH AVENUE      6270 N.W. 37TH AVENUE  
 MIAMI FL      MIAMI FL 33147-7522

2. Principal Place of Business      3. Mailing Address  
 1025 E. Hallandale Bch Blvd.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Hallandale, FL.  
 Zip      Country  
 33009      USA



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
 65-0955214      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ABECASSIS, JASON**  
**6270 N.W. 37TH AVENUE**  
**MIAMI FL**

7. Name and Address of New Registered Agent  
 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: 6/9/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete <b>D</b> <b>ABECASSIS, JASON</b> <b>6270 N.W. 37TH AVENUE</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>President</b> <b>Hugo Abecassis</b> <b>6270 N.W. 37 Ave.</b> <b>Mia., FL. 33147</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Chairman</b> <b>Joel Abecassis</b> <b>6270 N.W. 37 Ave.</b> <b>Mia., FL. 33147</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ DATE: 6/9/00 DAYTIME PHONE #: 305-835-2255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)