

2000 UNIFORM BUSINESS REPORT (UBR)

3/21

APPROVED 03-21-2000 90004039\*\*\*\*150.00

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000101634

1. Entity Name

EAST FOURTH CORP.

Principal Place of Business

Mailing Address

999 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES FL 33134

999 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES FL 33134-3047

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0931202

Applied For Not Applicable

5. Certificate of Status Desired

Additional Fee Required

6. Name and Address of Current Registered Agent

RAPOPORT, ALLEN J 999 PONCE DE LEON BLVD, SUITE 1110 CORAL GABLES FL 33134

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

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 3, 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

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: D, SANCHEZ-MEDINA, GISELA, 999 PONCE DE LEON BLVD, SUITE 1110, CORAL GABLES FL 33134.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and 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...

SIGNATURE:

GISELA SANCHEZ-MEDINA

3/15/00 305-2731402