2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000101634*

1. Entity Name

East fourth Corporation

Principal Place of Business	Mailing Address
251 Crandon Blvd #433 Key Biscayne FLA 33149	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 65- 0931262

☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
① Gisela Aariche-Medina 251 Crandon Blvd #433 Key Biscayne FLA 33149	Name Gisela Aariche Medina Street Address (P.O. Box Number is Not Acceptable) 251 Crandon Blvd #433 City Key Biscayne FL Zip Code 33149

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 *Gisela Aariche Medina Pres*

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 04/19/01

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		**10.**	ADDITIONS / CHANGES	
TITLE Mg NAME Gisela Aariche-Medina STREET ADDRESS 251 Crandon Blvd #433 CITY-ST-ZIP Key Biscayne FLA 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Gisela Aariche Medina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date 04/19/01   Daytime Phone # 305-861-7586