

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90227 003 \*\*\*150.00

651794

**DOCUMENT #** V70311  
**1. Entity Name**  
 TWO BY FOUR, INC.

**Principal Place of Business**      **Mailing Address**  
 2283 S.W. 21 TER.      2283 S.W. 21 TER.  
 MIAMI, FL 33145      MIAMI, FL 33145

**2. Principal Place of Business**      **3. Mailing Address**  
 2283 S.W. 21 TER.      2283 S.W. 21 TER.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 MIAMI, FL      MIAMI, FL

**Zip**      **Country**      **Zip**      **Country**  
 33145      MIAMI, DADE      33145      MIAMI, DADE

**4. FEI Number**      **Applied For**  
 65-0366875       Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 ADRIAN R. MELCHOR  
 2283 S.W. 21 TER.  
 MIAMI, FL 33145

**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** *Adrian R. Melchor*      (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**

<b>TITLE</b> TREA SEC	ADRIAN R. MELCHOR <input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	2283 S.W. 21 TER.
<b>CITY-ST-ZIP</b>	MIAMI, FL 33145
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *Adrian R. Melchor*      **4/26/00**      **(305) 874-2612**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #