

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0241763 AV

DOCUMENT # P00000014302

1. Entity Name
SIXTH AVENUE PROPERTIES, INC.

04-15-2002 90027 032 ***150.00

Principal Place of Business Mailing Address
~~744 NW 8TH STREET SUITE #~~ P.O. BOX 520687
~~MIAMI FL 33126~~ MIAMI FL 33126



2. Principal Place of Business 3. Mailing Address
777 NW 72 Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1 B B 8

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **65-1003670** Applied For
MIAMI FL Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33126 DADE Fee Required

~~6-Name and Address of Current Registered Agent~~ ~~7-Name and Address of New Registered Agent~~

MARQUEZ, JOSE M
782 N.W. LEJEUNE RD., SUITE 548
MIAMI FL 33126

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERNER, SALOMON	NAME	
STREET ADDRESS	777 NW 72ND AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 **3/27/02** Daytime Phone # **305-266-9000**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)