

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90076 018 ***150.00

DOCUMENT # P00000043023

1. Entity Name
6075 CORPORATION

| | |
|--|--|
| Principal Place of Business P O BOX 165539 MIAMI FL 33116-5539 | Mailing Address P O BOX 165539 MIAMI FL 33116-5539 |
|--|--|

010433



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|---|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | <input checked="" type="checkbox"/> Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | <input type="checkbox"/> Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|----|--|-----------------------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| GROSSMAN, JEROME 2 NE 40TH ST, 4TH FL MIAMI FL 33137 | | | | Name GROSSMAN, JEROME | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 2780 S.W. 37 AVENUE (SUITE 205) | | | | | |
| | | | | City MIAMI | | FL | | Zip Code 33133 | |
| | | | | | | | | | |

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 **JEROME GROSSMAN** DATE **01/16/01**

(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) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D DA SILVA, LIMA 2 NE 40TH ST, 4TH FL, MIAMI, FL 33137 MIAMI FL 33116-5539 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DA SILVA, SALUSTIANO 2780 S.W. 37 AVENUE (SUITE 205) MIAMI, FL. 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DA SILVA, ELIDIA H 2 NE 40TH ST, 4TH FL, MIAMI, FL 33137 MIAMI FL 33116-5539 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DA SILVA, ELIDIA H 2780 S.W. 37 AVENUE (SUITE 205) MIAMI, FL. 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DA SILVA, ALZIRA D 2 NE 40TH ST, 4TH FL MIAMI FL 33137 <input checked="" type="checkbox"/> Delete | 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 | D DA SILVA, ALFREDO 2780 S.W. 37 AVE (SUITE 205) MIAMI, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GROSSMAN, JEROME 2780 S.W. 37 AVE (SUITE 205) MIAMI, FL. 33133 <input type="checkbox"/> Change <input checked="" 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 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 its address, with all other like empowered.

SIGNATURE: **SECRETARY** DATE: **02/16/01** DAYTIME PHONE #: **(305) 662-6772**

(Signature and typed or printed name of signing officer or director)

U 114524
CR2E034 (10/00)