

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90041 012 \*\*\*150.00

**DOCUMENT # 269229**

1. Entity Name

THE SIX HUNDRED BUILDING OF HIALEAH, INC.



Principal Place of Business

600 E 25TH ST  
HIALEAH FL 33013  
US

Mailing Address

C/O RICHARD FERNANDEZ, ESQ.  
11077 BISCAYNE BLVD- PH STE  
MIAMI FL 33161  
US

2. Principal Place of Business

11206 W. COVE HBR DR

Suite, Apt. #, etc.

3. Mailing Address

40 W.E. Furr Jr.  
11206 W. COVE HBR DR

Suite, Apt. #, etc.

Crystal River

City & State

Crystal River Fla

City & State

Fla

Zip  
34428

Country

Citrus

Zip

34428

Country

Citrus

4. FEI Number

59-1115749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

FERNANDEZ, RICHARD M ESQ.  
11077 BISCAYNE BLVD  
PENTHOUSE SUITE  
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

W.E. Furr Jr

Street Address (P.O. Box Number is Not Acceptable)

11206 W. COVE HBR DR

City

Crystal River

FL

Zip Code

34428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

25 March 04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME FARRELL, JAMES  
STREET ADDRESS 600 E 25TH ST  
CITY-ST-ZIP HIALEAH, FL 00000

TITLE PD ☐ Delete  
NAME FURR, WALTER E JR  
STREET ADDRESS 11206 W COVE HARBOR DR  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]* W.E. Furr Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25 March 04 352.563.0125