FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91565 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001577

1. Entity Name
6000 Island Boulevard, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7900 Island Blvd	7900 Island Blvd
Suite, Apt. #, etc. Accounting Trailer #1	Suite, Apt. #, etc. Accounting Trailer #1
City & State Aventura FL	City & State Aventura, FL
Zip 33160 Country	Zip 33160 Country Miami Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0479526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alan Matus

Street Address (P.O. Box Number is Not Acceptable): 7900 Island Blvd

City: Aventura FL Zip Code: 33160

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: _____ DATE
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Alan Matus 7900 Island Blvd Aventura, FL 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President James Meb 7900 Island Blvd Aventura, FL 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Mark Hirsch 405 Lexington Ave NY, NY 10174
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Carita Torpey 7900 Island Blvd Aventura, FL 33160
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #