

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **608689** ✓

1. Entity Name

GANG OF SIX, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90061 035 ***150.00

821666

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2734 W. Miami Gardens Drive
Opa Locka, Fl 33056

2. Principal Place of Business

Opa Locka, Fl

3. Mailing Address

2734 W. Mia Gdns Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1A

City & State

City & State

Opa Locka, Fl

Zip 33056

Country DADE

Zip

Country

4. FEI Number

59-2425036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHEN J. AVRACH
2734 W. State Road 860
Miami, Fl. 33056

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

Signature, typed or printed name of registered agent and title if applicable

(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

TITLE Pres., Sec. Dir. ☐ Delete
NAME Stephen J. Avrach
STREET ADDRESS 102 South Drive
CITY-ST-ZIP Key Largo, Fl 33037

TITLE Vice Pres. ☐ Delete
NAME Iris Avrach
STREET ADDRESS 20291 W? Country Club Dr.
CITY-ST-ZIP Aventura, Fl 33180

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen J. Avrach 3-8-00 305-625-0711

CR2E034 (9/99)