

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90055 020 ***550.00

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DOCUMENT # J40259

1. Entity Name
6055 CORPORATION, INC.



Principal Place of Business
**5891 SW 8TH STREET
MIAMI FL 33144**

Mailing Address
**5891 SW 8TH STREET
MIAMI FL 33144**



2. Principal Place of Business
111 Coral Avenue

3. Mailing Address
P.O. Box 9387

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
TAVENIER, FL.

City & State
TAVENIER, FL.

4. FEI Number **59-2748354**

Applied For
Not Applicable

Zip
33070

Country
Monroe

Zip
33070

Country
Monroe

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNALDO NAVARRO
5891 SW 8TH STREET
MIAMI FL 33144**

Name

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

City
TAVENIER

FL

Zip Code
33070

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NAVARRO, ARNALDO
5891 S.W. 8TH ST.
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**111 Coral Avenue
TAVENIER, FL 33070** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NAVARRO, ELOINA
5891 S.W. 8TH ST.
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**111 Coral Avenue
TAVENIER, FL 33070** ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

ARNALDO NAVARRO

7/15/03

305 8527982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)