

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 27, 2001 8:00 am**
Secretary of State

01-27-2001 90073 022 ***158.75

DOCUMENT # L48702

1. Entity Name

THE 60 CORPORATION

Principal Place of Business

Mailing Address

P O BOX 650545
~~14090 S.W. 34TH STREET~~
MIAMI FL 33265
USP.O. BOX 650545
MIAMI FL 33265-0545
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 650545

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

4. FEI Number

65-0171423

Applied For

Not Applicable

Zip

33265

Country

USA

Zip

Country

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

STEFANO, NANCY R
14090 S.W. 34TH STREET
MIAMI FL 33176

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME STEFANO, NANCY R
STREET ADDRESS 14090 S.W. 34TH STREET
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPD ☐ Delete
NAME STEFANO, JUAN J
STREET ADDRESS 14090 SW 34 STREET
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD ☒ Delete
NAME STEFANO, ANDRES M
STREET ADDRESS 14090 SW 34 STREET
CITY-ST-ZIP MIAMI FLTITLE VPD ☐ Change ☒ Addition
NAME STEFANO, MARIANO
STREET ADDRESS P.O. BOX 650545
CITY-ST-ZIP MIAMI, FL. 33265TITLE SD ☐ Delete
NAME STEFANO, ANA L
STREET ADDRESS 14090 SW 34 STREET
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

(305) 992-6501

Date

Daytime Phone #

CR2E034 (10/00)