

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M43729

1. Entity Name

ALTON ROAD SIX CORP.

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

03-14-2000 90066 049 ***150.00

Principal Place of Business

C/O PEDRO R. MUNILLA
1401 S.W. 1 ST., SUITE 210
MIAMI FL 33135

Mailing Address

C/O PEDRO R. MUNILLA
1401 S.W. 1 ST., SUITE 210
MIAMI FL 33135-2243

2. Principal Place of Business

3. Mailing Address

P.O. Box 140937

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Coral Gables FL

Zip

Country

Zip
33114

Country

BADE

4. FEI Number 59-2786397

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MUNILLA, PEDRO R.
1401 S.W. 1 ST.
SUITE 210
MIAMI FL 33135

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MUNILLA, PEDRO R.
1401 S.W. 1 ST. #210
MIAMI FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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

3-7-00

Date

305-541-4614

Daytime Phone #