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FILED 1ay 06, 2002 8:00 am	8/8
Secretary of State	Ą

DOCUMENT # P0000099835 1. Entity Name 60 X 60 ENTERPRISES, INC.					May 06, 2002 8:00 an Secretary of State 05-06-2002 90103 016 ***150.00			
Principal Place of Business 12955-BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI FL 33181	Mailing Address 12955 BISGAYNE BOULEVARD -SUITE 202 -NORTH MIAM! FL 33181			T TOURISM IN COUNT AND IN COME AND A COUNT				
2. Principal Place of Business 3230 Stirling Road Suite, Apt. #, etc. #1		3. Mailing Address 3230 Stirling Road Suite, Apt. #, etc. #1			DO NOT WRITE IN THIS SPACE			
City & State Hollywood, FL Zip Country		City & State Hollywood, FL. Zip	Country	4.	FEI Number 65-1050442		No	plied For t Applicable
33021U.S		33021	Ü.S	· A .	Certificate of Status Desired	□ Fee	. 75 Add Required	
MALMAN, MYLES H ESQ. 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI FL 33181			Nam Stree City	e Mylés et Address (P.O.))	Zip Code	
SIGNATURE My	pistered agent and		Registered Agent sig	e or registered agranture required when resource of the contract of the contra	gent, or both, in the State of Floreinstating) 10. Election Campaign Fina	3/20/0 DATE	2	May Be
(See criteria on back)		Make Check Payable	e to Departm	ent of State	Trust Fund Contribution	. Ц	Added	to Fees
11. OFFICE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME OFFICE BURE, PAVEL 12955 BISCAYNE BOUL NORTH MIAMI FL 33181		Delete	12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	D Pa	avel Bure 230 Stirling Road 211ywood, FL 3302	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Change	IN 11 Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP				Change	- Addition -
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete ☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	S			Change Change	Addition Addition
NAME ;		Duloto	NAME STREET ADDRESS			П	онанув	☐ MUNITORI

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 proof 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 a true information stated in Section 119.07(3)(i), Florida Statutes is 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 proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

JIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Addition