

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 14, 2002 8:00 am**  
**Secretary of State**

08-14-2002 90024 048 \*\*\*408.75  
07-17-2002 90131 045 \*\*\*150.00

**DOCUMENT #** PO1000023316

**1. Entity Name**

**THESIX CORP.**  
4440 N.W. 73 Ave., CCS 6392, Miami, FL 33166

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

4440 N.W. 73 Ave.

**3. Mailing Address**

SAME

Suite, Apt. #, etc.

CCS 6392

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33166

Country

USA

Zip

Country

**4. FEI Number**

65-1094707

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

JOHN GARTNER

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

4440 N.W. 73 Ave., CCS 6392

City

Miami

FL

Zip Code  
33166

**DO NOT WRITE  
IN THIS SPACE**

**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** JOHN GARTNER

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

(NOTE: Registered Agent signature required when new/changed)

DATE

**9. This corporation is eligible to satisfy its Intangible**

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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** President  
**NAME** John Gartner  
**STREET ADDRESS** 4440 N.W. 73 Ave., Miami, FL 33166  
**CITY-STATE-ZIP**

**TITLE** Director  
**NAME** Mike Seigen  
**STREET ADDRESS** 4440 N.W. 73 Ave., Miami, FL 33166  
**CITY-STATE-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOHN GARTNER

8/10/02

7/11/02

305-554-7229

Date

Daytime Phone #



Attachment

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 22, 2002

THESIX, CORP.  
4440 NW 73 AVE  
CCS 6392  
MIAMI, FL 33166

Subject: **THESIX, CORP.**

Reference Number: **P01000023316**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jc  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314