

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90070 007 ***150.00

DOCUMENT # P01000051007

1. Entity Name
SIXTO ARCHITECT, INC.



Principal Place of Business
**180 MADEIRA AVE
CORAL GABLES FL 33134**

Mailing Address
**1700 FERDINAND ST.
CORAL GABLES FL 33134**

2. Principal Place of Business
4101 LAGUNA ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES

City & State

4. FEI Number **65-1154981** **OK**

Applied For
☒ Not Applicable

Zip
FL.

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

**SONIA, SIXTO
1700 FERDINAND ST
CORAL GABLES, FL 33134**

Name **(SAME)**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sonia A. Sixto*
Signature, typed or printed name of registered agent and title, if applicable.

OFFICE MANAGER
(NOTE: Registered Agent signature required when reinstating)

11/7/03
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 **PT** ☐ Delete
NAME **RAFAEL, SIXTO**
STREET ADDRESS **1700 FERDINAND ST**
CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Sonia A. Sixto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/03 305/569-2993
Date Daytime Phone

CR2E034 (10/02)