


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

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90191 012 ***150.00

DOCUMENT # PD1000094104

1. Entity Name
SIXTY ONE ASSOCIATES



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3912 S OCEAN BLVD</u>		3. Mailing Address <u>3912 S OCEAN BLVD</u>	
Suite, Apt. #, etc. <u>704</u>		Suite, Apt. #, etc. <u>704</u>	
City & State <u>HIGHLAND BEACH FL</u>		City & State <u>HIGHLAND BEACH FL</u>	
Zip <u>33487</u>	Country <u>USA</u>	Zip <u>33487</u>	Country <u>USA</u>

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4. FEI Number <u>65-1144365</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>ARNOLD JACOBS</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>3912 S OCEAN BLVD</u>	
	City <u>HIGHLAND BEACH FL</u>	Zip Code <u>33487</u>

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 [Signature] **DATE** 5/15/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE <u>PRESIDENT</u>	NAME <u>ARNOLD JACOBS</u>	TITLE	NAME
STREET ADDRESS <u>3912 S OCEAN BLVD APT 704</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP <u>HIGHLAND BEACH FL 33487</u>	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
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DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [Signature] **DATE** 5/15/03 **Daytime Phone #** 561-330-8227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)