

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91905 022 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000121932**

1. Entity Name  
**6175 INC**



Principal Place of Business  
~~8275 W 12TH AVE STE 211~~  
~~HALEAH, FL 33014~~

Mailing Address  
~~8275 W 12TH AVE STE 211~~  
~~HALEAH, FL 33014~~

2. Principal Place of Business  
**6175 NW 153RD ST STE 215**

3. Mailing Address  
**6175 NW 153RD ST STE 215**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Miami Lakes FL**

City & State  
**Miami Lakes FL**

4. FEI Number  
**26-0000031**

Applied For  
☐ Not Applicable

Zip  
**33014-2435**

Country  
**USA**

Zip  
**33014-2435**

Country  
**USA**

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

**MARTINEZ, NESTOR A**  
~~8275 W 12TH AVE STE 211~~  
~~HALEAH, FL 33014~~

Name

Street Address (P.O. Box Number is Not Acceptable)  
**6175 NW 153RD ST STE 215**

City  
**Miami Lakes**

FL

Zip Code  
**33014-2435**

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 ☒

*Nestor A Martinez*

**Nestor A Martinez**

**03/24/2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$160.00**  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**P**  
**MARTINEZ, NESTOR A**  
~~8275 W 12TH AVE STE 211~~  
~~HALEAH, FL 33014~~

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

**6175 NW 153RD ST STE 215**  
**Miami Lakes FL 33014-2435**

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

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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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/24/2003**

Date

**305-822-4454**

Daytime Phone #

CR2E034 (10/02)