2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90297 001 *1,500.00

032445 AV

DOCUMENT # P95000064590

1. Entity Name
600-602, INC.

Principal Place of Business	Mailing Address
9280 SW 150 AVE SUITE 105 MIAMI FL 33196 US	9280 SW 150 AVE SUITE 105 20 MIAMI FL 33196 US

2. Principal Place of Business	3. Mailing Address
600-602 NW 23 Place	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State
Zip / Country: Fla	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0618467 ☐ Applied For ☐ Not Applicable

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
ESPINEL, PAULINO 9280 SW 150 AVE SUITE 105 20 MIAMI FL 33196	Name: Espinel Paulino Street Address (P.O. Box Number is Not Acceptable): 9280 SW 150 Ave S105 City: Miami FL Zip Code: 33196

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 ______ DATE 4/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST ESPINEL, PAULINO 14936 S.W. 104TH STREET UNIT 20 MIAMI FL 33196	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Espinel Paulino 9280 SW 150 Ave S105 MIAMI Fl 33196	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 REQUIRED 4/5/03 305 3806176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #