

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

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

04-21-2003 90505 042 ***150.00

DOCUMENT # P 97000063357

1. Entity Name

The 9600 Corporation



DO NOT WRITE IN THIS SPACE

90093659

2. Principal Place of Business

10145 N.W. 19th Street

Suite, Apt. #, etc.

3. Mailing Address

10145 N.W. 19th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0778684

Applied For

☒ Not Applicable

Zip

33172

Country

Miami-Dade

Zip

33172

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

10145 N.W. 19th Street

City

Miami

FL

Zip Code

33172

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required with reinstating)

April 18, 2003

DATE

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	Shopay, David H.	10145 N.W. 19th Street	Miami, Florida 33172				
VP	Shopay, Thomas M.	10145 N.W. 19th Street	Miami, Florida 33172				

**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:

Thomas M. Shopay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-18-03 (305) 592-9747 x1115

CR2E034B (12/02)