

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90125 037 ***150.00

DOCUMENT # P97000086731

1. Entity Name
GROUP SIX CORP.

Principal Place of Business

**720 SW 2ND AVE
 MIAMI FL 33130**

Mailing Address

**720 SW 2ND AVE
 MIAMI FL 33130**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0789529

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

**SOLARES, JOSE
 720 SW 2ND AVE
 MIAMI FL 33130**

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME SOLARES, JOSE ☐ Delete
 STREET ADDRESS 2940 S MIAMI AVE
 CITY-ST-ZIP MIAMI FL 33129

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

TITLE TD
 NAME ALEGRIA, MANUEL ☐ Delete
 STREET ADDRESS 6090 WEST 18 AVENUE #335
 CITY-ST-ZIP HIALEAH FL 33012

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

TITLE VD
 NAME MORENO, ANTONIO ☐ Delete
 STREET ADDRESS 10431 SW 40 TERRACE
 CITY-ST-ZIP MIAMI FL 33165

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3631 S.W. 132 CT
 CITY-ST-ZIP MIAMI, FLA 33175

TITLE SD
 NAME ATIENZA, EDUARDO ☐ Delete
 STREET ADDRESS 9240 SW 64 STREET
 CITY-ST-ZIP MIAMI FL 33173

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

TITLE VP
 NAME FOLGUEIRA, BASILIO J. ☐ Delete
 STREET ADDRESS 11391 SW 64TH ST
 CITY-ST-ZIP MIAMI FL 33173

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 745 BENEVENTO AVE
 CITY-ST-ZIP CORAL GABLE, FLA, 33144

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/01)