

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90276 001 \*\*\*300.00

**DOCUMENT # P96000103444**

1. Entity Name  
**161 CORP.**

Principal Place of Business  
**161 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

Mailing Address  
**161 ALMERIA AVENUE  
 CORAL GABLES FL 33134  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0737053**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**AMES, STUART D  
 2200 MUSEUM TOWER  
 250 WEST FLAGLER STREET  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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  Delete  
 NAME **DPST NICHOLS, JOHN R**  
 STREET ADDRESS **161 ALMERIA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition

TITLE  Delete  
 NAME **DV BROSCHE, BRUCE F**  
 STREET ADDRESS **161 ALMERIA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition

TITLE  Delete  
 NAME **DV SANDOVAL, GREGORY P**  
 STREET ADDRESS **161 ALMERIA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition

TITLE  Delete  
 NAME **D NICHOLS, LORRAINE**  
 STREET ADDRESS **161 ALMERIA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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 another like empowered.

SIGNATURE: **SIGNATURE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02 (305) 443-5206  
 Date Daytime Phone #

CR2E034 (9/01)