
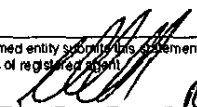
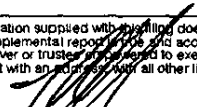


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P99000037328</b>			
1. Entity Name <b>83RD TERR. CORP.</b>			
Principal Place of Business <b>4500 POST AVE MIAMI, FL 33140</b>		Mailing Address <b>4500 POST AVE MIAMI, FL 33140</b>	
2. Principal Place of Business <b>7746 FISHER ISL. DR. Suite, Apt. #, etc.</b>		3. Mailing Address <b>7746 FISHER ISL. DR. Suite, Apt. #, etc.</b>	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>	
Zip <b>33109</b>		Zip <b>33109</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0991292</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>COHEN, RICHARD 4500 POST AVENUE MIAMI, FL 33142</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
FL		FL	
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 <b>4-28-03</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when missing) DATE	
DUPLICATE FEES: \$150.00 ANY MAY 2003 FEE WITH \$450.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, RICHARD I</b>	NAME	
STREET ADDRESS	<b>4500 POST AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 authorized 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 for all other like empowered.			
SIGNATURE: 		DATE: <b>4-28-03</b> PHONE: <b>305-535-0870</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND PHONE NUMBER	

90130014



CHECK HERE IF MAKING CHANGES

CFR2E034 (10/02)