

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**  
 03-13-2002 90019 018 \*\*\*150.00

0256979  
 AV

**DOCUMENT # P01000101726**

1. Entity Name  
**6667 CORPORATION**

Principal Place of Business <b>16900 N. BAY RD., APT. 507                  MIAMI FL 33160</b>	Mailing Address <b>16900 N. BAY RD., APT. 507                  MIAMI FL 33160</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>16464 NE 16<sup>TH</sup> AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>16464 NE 16<sup>TH</sup> AVE</b> Suite, Apt. #, etc.
--	--

City & State <b>NORTH MIAMI BEACH, FL</b>	City & State <b>NORTH MIAMI BEACH, FL</b>
Zip <b>33162</b>	Country <b>DADE</b>

4. FEI Number <b>65-1147680</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

~~RIERA, ANTONIO J~~  
~~16900 N. BAY RD., APT. 507~~  
~~MIAMI FL 33160~~

7. Name and Address of New Registered Agent

Name **FERNANDO SOLORZANO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3000 NE 190 ST #110**  
 City **Aventura** **FL** Zip Code **33180**

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 **FERNANDO SOLORZANO** DATE **2-28-2**

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARCAJ, JOSE G</b> <b>16900 N. BAY RD., APT. 507</b> <b>MIAMI FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIERA, ANTONIO J</b> <b>16900 N. BAY RD., APT. 507</b> <b>MIAMI FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARCAJ, JOSE G.</b> <b>3000 NE 190 ST #110</b> <b>AVENTURA FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Riera, Antonio J.</b> <b>3000 NE 190 ST #110</b> <b>Aventura FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE **FERNANDO SOLORZANO** DATE **2/28/2** Daytime Phone # **305-9484332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)