2000	<b>UNIFORM</b>	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)
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DOCUMENT # A10517  1. Entity Name  162ND PLAZA, LIMITED						SECRETARY OF STATE BIVISION OF CORPORATIONS					Q6 /s		
Principal Place of Business 2627 N.E. 203 STREET SUITE 202 MIAMI FL 33180		26 Si	Mailing Address 2627 N.E. 203 STREET SUITE 202 MIAMI FL 33180-1946		00 APR 27 AM 3: 05								
2. Principal P	lace of Busin	ess		3. /	Mailing Address		<del></del> -	-	BB     B     B   B     B   B   B   B			1811 DIŞIT 1981	
Suite, Apt. #, etc.		5	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE								
City & State		<del>                                     </del>	City & State			4. FEI Number	59-2095975			plied For t Applicable	ı		
Zip	Country		7	Zip Coun		ntry	5 Certificate of Status Desired ( \$8.75 Ad				itional	ı	
6. Name and Address of Current Registered Agent						Nome	7. Name and A	Address of New Re	gistered A	gent			
GOLDFARB, WILLIAM							Name Street Address	(P.O. Box Number	is Not Acceptable)	<u>- :</u>	<u></u>		ئا
2627 N.E. SUITE 202	203 STREI	EΤ									·-··		1
MIAMI FL 33180						City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Code	9	ı	
8. The above named entity submits this statement for the purpose of changing its reg					register	ed office or registe	red agent, or both	, in the State of Flor		<u> </u>			
SIGNATURE .													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re  9. Capital Contributions \$10,000.00 10. Amount of Capital Contributions				al Contri	d Agent signature require butions	d when reinstating)	11. MAKE CHECK				ì		
as Shown o	Δ.(	GENER	AL PARTNER	THAT	in FLORIDA to d	TITY M	UST BE REGIS	TERED AND A	SEE REVERS	OFFICE.	· · ·	MAIJUN	
12.	NOTE		ral Partners N ENERAL PARTN		T be changed on to	he form	; an amendmer	nt must be filed	ADDRESS CHA				
DOCUMENT #						EET ADDRESS					-	(66/6	
NAME STREET ADDRESS CITY-ST-ZIP	GOLDFARB, WILLIAM s 2627 NE 203 ST., 202 MIAMI FL 33180				CITY	/- ST-ZIP	· · · · ·	· .				CR2E003 (9/99)	
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NAME STREET ADDRESS CITY-ST-ZIP	BRUNSTEIN, EDDIE   2627 N.E. 203 ST., 202   MIAMI FL 33180				CITY	′-ST-ZIP	000003263820 r -05/23/0001082013					1	
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14. 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 is true and accurate and that my signature stall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes									i 				
SIGNAT	URE: _	sid	AGUAL	OH PRINTE	O NAME OF SIGNING GENER	AL PARTIN	ER .	4/21/4	Date	Sec 7	32-6°	203	