

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90137 015 ***150.00

DOCUMENT # L16086



1. Entity Name
167TH STREET PROPERTIES, INC.

Principal Place of Business
**2875 N.W. 77TH AVENUE
MIAMI FL 33122**

Mailing Address
**2875 N.W. 77TH AVENUE
MIAMI FL 33122**

10037330



2. Principal Place of Business

470 Biltmore Way

3. Mailing Address

470 Biltmore Way

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0155220

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GARCIA, FIRPO
2875 NW 77TH AVENUE
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

Garcia, Firpo

Street Address (P.O. Box Number is Not Acceptable)

470 Biltmore Way

Suite 100

City

Coral Gables

FL

Zip Code

33134

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Delete
NAME **PD GARCIA, FIRPO**
STREET ADDRESS **2875 NW 77TH AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME **PD Garcia, Firpo**
STREET ADDRESS **470 Biltmore Way suite 100**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

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TITLE Change Addition
NAME
STREET ADDRESS
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Signature and typed or printed name of signing officer or director

3/7/03 (305)448-2000

Date

Daytime Phone #

CR2E034 (10/02)