

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 23, 2004 8:00 am
Secretary of State

07-12-2004 90021 003 ***300.00

DOCUMENT # M92357

1. Entity Name
167TH STREET AUTO TAG AGENCY, INC.



Principal Place of Business
401 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33162 US

Mailing Address
401 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33162 US

DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0068448
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, COWART
401 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33162

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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 *Michael Cowart*
By signing, the person provides the registered agent and the corporation.

(NOTE: Registered Agent signature required when changing)

DATE

7/1/2004

FILE NOW!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P COWART, LEE J 401 NE 167TH ST NORTH MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP COWART, M'LISS T 401 NE 167TH ST. NORTH MIAMI BEACH, FL 33162 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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

Date

Print or Type Name