

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

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90069 027 ***150.00

DOCUMENT # P00000054700

1. Entity Name
168BUILDING.COM, INC.



Principal Place of Business
**168 S.E. FIRST STREET, 6TH FLOOR
MIAMI FL 33131**

Mailing Address
**P.O. BOX 6123
SURFSIDE FL 33154**



2. Principal Place of Business

3. Mailing Address

1111 KANE CONCOURSE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

502

City & State

City & State

BAY HARBOR FL

Zip

Country

Zip

33154

Country

Dade

4. FEI Number **65-1049762**

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

7. Name and Address of New Registered Agent

**SERFATY, CHARLES S
4330 SHERIDAN STREET
SUITE 202B
HOLLYWOOD FL 33021**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **WIESCHLOK, DIETER** ☒ Delete
STREET ADDRESS **2350 NE 135TH ST #209**
CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE **P**
NAME **WIESCHLOK, MARTIN** ☒ Change ☐ Addition
STREET ADDRESS **1111 KANE CONCOURSE # 502**
CITY-ST-ZIP **BAY HARBOR FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

305/867/7676

Date

Daytime Phone #

CR2E034 (10/02)