

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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| <b>DOCUMENT #</b> P01000101726                                                                |                                                                                          |
| <b>1. Entity Name</b><br>6667 CORPORATION                                                     |                                                                                          |
| <b>Principal Place of Business</b><br>16900 N. BAY RD., APT. 507<br>MIAMI FL 33160            | <b>Mailing Address</b><br>16900 N. BAY RD., APT. 507<br>MIAMI FL 33160                   |
| <b>2. Principal Place of Business</b><br>16464 NE 16 <sup>TH</sup> AVE<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>16464 NE 16 <sup>TH</sup> AVE<br>Suite, Apt. #, etc.        |
| <b>City &amp; State</b><br>NORTH MIAMI BEACH, FL<br><b>Zip</b> 33162 <b>Country</b> DADE      | <b>City &amp; State</b><br>NORTH MIAMI BEACH, FL<br><b>Zip</b> 33162 <b>Country</b> DADE |



DO NOT WRITE IN THIS SPACE

|                                                                                                                                                             |  |                                                                                                                                                                                                                               |  |
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| <b>6. Name and Address of Current Registered Agent</b><br><del>RIERA, ANTONIO J</del><br><del>16900 N. BAY RD., APT. 507</del><br><del>MIAMI FL 33160</del> |  | <b>7. Name and Address of New Registered Agent</b><br><b>Name</b> FERNANDO SOLORZANO<br><b>Street Address (P.O. Box Number is Not Acceptable)</b> 3000 NE 190 ST #110<br><b>City</b> Aventura <b>FL</b> <b>Zip Code</b> 33180 |  |
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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.**

**SIGNATURE** *[Signature]* **FERNANDO SOLORZANO** **2-28-2**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                                                                                                                                              |                                                                                                                                         |                                                                                                                             |
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| <b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | <b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS                                                 |                                                                                                              | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                      |                                                                                                                                                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>D</b><br>ARCAJ, JOSE G<br>16900 N. BAY RD., APT. 507<br>MIAMI FL 33160 <input type="checkbox"/> Delete    | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>D</b><br>ARCAJ, JOSE G.<br>3000 NE 190 ST #110<br>Aventura FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>D</b><br>RIERA, ANTONIO J<br>16900 N. BAY RD., APT. 507<br>MIAMI FL 33160 <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>D</b><br>Riera, Antonio J.<br>3000 NE 190 ST #110<br>Aventura FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete                                                                              | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete                                                                              | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete                                                                              | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete                                                                              | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <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** *[Signature]* **2/28/2** **305-9484332**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)