**FILED**
**Apr 29, 2003 8:00 am**
**Secretary of State**
04-29-2003 90071 033 ***150.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101726

1. Entity Name
**6667 CORPORATION**

**10090966**

| Principal Place of Business | Mailing Address |
|---|---|
| 16464 NE 16TH AVENUE<br>NORTH, FL 33162 | 16464 NE 16TH AVENUE<br>NORTH, FL 33162 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2160 NE 162 ST | 2160 NE 162 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: North Miami Beach | City & State: North Miami Bch |
| Zip: 33162 Country: US | Zip: 33162 Country: US |

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1147680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SOLORZANO, FERNANDO<br>3000 NE 190 STREET #110<br>AVENTURA, FL 33180 | Name: FERNANDO SOLORZANO<br>Street Address (P.O. Box Number is Not Acceptable): 2950 NE 190 ST # 304<br>City: AVENTURA FL Zip Code: 33180 |

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 _____ 4-22-3
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $500.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARCAY, JOSE G<br>3000 NE 190 STREET #180<br>AVENTURA, FL 33180 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RIERA, ANTONIO J<br>3000 NE 190 STREET #110<br>AVENTURA, FL 33180 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change X Addition<br>DIRECTOR<br>FERNANDO SOLORZANO<br>2950 NE 190 ST #304<br>AVENTURA, FL 33180 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/02)

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:** _____ JOSE G. ARCAY 4-22-3 (305) 948.4332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #