

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90061 045 ***150.00

DOCUMENT # P93000048627

1. Entity Name

OCEAN BEACH 167, INC.

DO NOT WRITE IN THIS SPACE

646654

2. Principal Place of Business
3211 Ponce de Leon Blvd

3. Mailing Address
3211 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL 33134

City & State

Coral Gables, FL 33134

4. FEI Number

650425446

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MILTON, JOSEPH

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

3211 Ponce de Leon Blvd

Suite 301

City

Coral Gables

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MILTON, JOSEPH
STREET ADDRESS 3211 Ponce de Leon Blvd. Suite 301
CITY- ST- ZIP Coral Gables, FL 33134

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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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)