

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90102 038 ***150.00

UBR000003 AV

DOCUMENT # P98000049110

1. Entity Name
165TH STREET, INC.

Principal Place of Business Mailing Address

2500 MILITARY TRAIL, SUITE 200 **2500 MILITARY TRAIL, SUITE 200**
BOCA RATON FL 33431 **BOCA RATON FL 33431**



2. Principal Place of Business 3. Mailing Address

101 Pineapple Grove Way **101 Pineapple Grove Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State

Delray Beach, FL **Delray Beach, FL**

Zip Country Zip Country

33444 **33444**

4. FEI Number Applied For

65-0841681 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6.-Name and Address of Current Registered Agent

FRICKE, HENRY A ESQ
2500 MILITARY TRAIL, SUITE 200
BOCA RATON FL 33431

7.-Name and Address of New Registered Agent

Name
Fricke, Henry A., Esq.

Street Address (P.O. Box Number is Not Acceptable)
101 Pineapple Grove Way

City State Zip Code

Delray Beach **FL** **33444**

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 *Henry A. Fricke* **Henry A. Fricke, Esq.** **3/1/02**

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD <input type="checkbox"/> Delete PUGLIESE, ANTHONY V III 2500 MILITARY TRAIL, SUITE 200 BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pugliese, Anthony V. III 101 Pineapple Grove Way Delray Beach, FL 33444 of address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 an other like empowered.

SIGNATURE: *Anthony V. Pugliese, III* **Anthony V. Pugliese, III** **3/1/02** **561-330-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)