

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90077 020 ***150.00

DOCUMENT # P99000040553
1. Entity Name 166 HARBOR DRIVE CORP.

DO NOT WRITE IN THIS SPACE

40105138

2. Principal Place of Business 7860 PETERS ROAD Suite, Apt. #, etc. F-110 City & State PLANTATION, FL Zip 33324 Country USA	3. Mailing Address 7860 PETERS ROAD Suite, Apt. #, etc. F-110 City & State PLANTATION, FL Zip 33324 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0928117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name LAPLANA, LUIS	
Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE ROAD SUITE 323 City CORAL GABLES FL Zip Code 33134	

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BIGOTT, ANA 7860 PETERS ROAD, F-110 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LAPLANA, LUIS 2655 LEJEUNE ROAD, SUITE 323 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2007

Date

(954) 474-8889

Daytime Phone #