

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90285 037 \*\*\*150.00

0211842

DOCUMENT # P99000085575

1. Entity Name

150 NW 168TH CORP.

Principal Place of Business

150 NW 168TH STREET  
N MIAMI BEACH FL 33169

Mailing Address

150 NW 168TH STREET  
N MIAMI BEACH FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2ND Floor

Suite, Apt. #, etc.

2ND Floor

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0949834

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

SHAPIRO, IRA R  
16375 NORTHEAST 18TH AVENUE SUITE 225  
NORTH MIAMI BEACH FL 33162

Name HENRY KUPFERBERG

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

150 NW 168th ST - 2nd Floor

City N. MIAMI BEACH

FL

Zip Code 33169

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 Kupferberg* H. KUPFERBERG, PRES

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

(NOTE: Registered Agent signature required when reinstating)

1/04/01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	KUPFERBERG, HENRY	
STREET ADDRESS	150 NW 168TH STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUPFERBERG, ROZA	
STREET ADDRESS	150 NW 168TH STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 address, with all other like empowered.

SIGNATURE:

*Henry Kupferberg* H. KUPFERBERG, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

DATE

305 249 5005

Daytime Phone #

CR2E034 (1/0/00)