

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90204 018 ***150.00

DOCUMENT # G45405

1. Entity Name
URBAN COMMUNITY DEVELOPERS, INCORPORATED

Principal Place of Business 550 BILTMORE WAY SUITE 110 CORAL GABLES FL 33134 US	Mailing Address 550 BILTMORE WAY #1110 CORAL GABLES FL 33134-5721 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. SUITE # 1110	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-2296354	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent WEISENFELD, JOSEPH J. 550 BILTMORE WAY STE 1120 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ECKSTEIN, BERNARD		NAME	
STREET ADDRESS 550 BILTMORE WAY, #1110		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STERN, RODOLFO		NAME	
STREET ADDRESS 550 BILTMORE WAY, #1110		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL		CITY-ST-ZIP	
TITLE VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HORWITZ, ROBERTO (EX)		NAME	
STREET ADDRESS 550 BILTMORE WAY #1110		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL		CITY-ST-ZIP	
TITLE VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SERVIANSKY, DAVID (EX)		NAME	
STREET ADDRESS 550 BILTMORE WAY #1110		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STERN, EDUARDO (EX)		NAME	
STREET ADDRESS 550 BILTMORE WAY #1110		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.

SIGNATURE: Rodolfo Stern 2/11/00 305-461-2440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)