

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90089 049 \*\*\*\*70.00

**DOCUMENT # N94000001986**

1. Entity Name

**URGENT, INC.**

Principal Place of Business

Mailing Address

11110 S.W. 196TH STREET  
 #A103  
 MIAMI FL 33197

521 NW 143RD ST  
 MIAMI FL 33168-4113  
 US

2. Principal Place of Business

**219 NW 14 Terrace**

3. Mailing Address

**P O Box 013047**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0516506**

Applied For

Not Applicable

Zip

**33136**

Country

**US**

Zip

**33101**

Country

**US**

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

**CRESPO, HENRY SR**  
**219 NW 14TH TERR**  
**MIAMI FL 33136**

Name

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

City

**FL**

Zip Code

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CRESPO, HENRY</b>	
STREET ADDRESS	<b>219 NW 14 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33136</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HORTON, DENNIS</b>	
STREET ADDRESS	<b>12225 SW 217 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33170</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MONTEIRO, RUTH</b>	
STREET ADDRESS	<b>11110 S.W. 196TH STREET, #A103</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, SALIHA A</b>	
STREET ADDRESS	<b>521 NW 143RD ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/00 305 576-3084**

Date

Daytime Phone #

CR2E037 (9/99)