

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90005 049 ****70.00

0072523

DOCUMENT # N94000001986

1. Entity Name

URGENT, INC.

Principal Place of Business

**219 NW 14 TERRACE
MIAMI FL 33136**

Mailing Address

**PO BOX 013047
MIAMI FL 33101
US**

2. Principal Place of Business

1600 NW 3rd Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. D

City & State

MIAMI FL

Zip

33136

Country

US

Zip

Country

4. FEI Number

65-0516506

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CRESPO, HENRY	
STREET ADDRESS	219 NW 14 TERR	
CITY-ST-ZIP	MIAMI FL 33136	

TITLE	TD	<input type="checkbox"/> Delete
NAME	HORTON, DENNIS	
STREET ADDRESS	22001 SW 116TH AVE.	
CITY-ST-ZIP	MIAMI FL 33170	

TITLE	CD	<input type="checkbox"/> Delete
NAME	MONTEIRO, RUTH	
STREET ADDRESS	4051 CORAL SPRINGS DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

TITLE	M	<input type="checkbox"/> Delete
NAME	NELSON, SALIHA A	
STREET ADDRESS	219 NW 14 TERRACE	
CITY-ST-ZIP	MIAMI FL 33168	

TITLE	D	<input type="checkbox"/> Delete
NAME	REED, ROSA D	
STREET ADDRESS	11619 GRAN MERE CT.	
CITY-ST-ZIP	RIVERSIDE CA 92053	

TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, PATRICK A	
STREET ADDRESS	760 NW 95TH ST., #224	
CITY-ST-ZIP	MIAMI FL 33150	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
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 or without like empowered.

SIGNATURE:

Signed and Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-02 305-576-3084

CR2E037 (9/01)