

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90183 011 ****70.00

DOCUMENT # N94000001986

1. Entity Name
URGENT, INC.



Principal Place of Business

**1600 NW 3RD AVE
BLDG D
MIAMI FL 33136**

Mailing Address

**PO BOX 013047
MIAMI FL 33101
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CRESPO, HENRY**
STREET ADDRESS **219 NW 14 TERR**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **TD** ☐ Delete
NAME **HORTON, DENNIS**
STREET ADDRESS **22001 SW 116TH AVE.**
CITY-ST-ZIP **MIAMI FL 33170**

TITLE **CD** ☐ Delete
NAME **MONTEIRO, RUTH**
STREET ADDRESS **4051 CORAL SPRINGS DR.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **M** ☐ Delete
NAME **NELSON, SALIHA A**
STREET ADDRESS **219 NW 14 TERRACE**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **D** ☐ Delete
NAME **REED, ROSA D**
STREET ADDRESS **11619 GRAN MERE CT.**
CITY-ST-ZIP **RIVERSIDE CA 92053**

TITLE **SD** ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **M Saliha Nelson**
STREET ADDRESS **219 NW 14 Ter**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SALIHA NELSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03 305-573-8217

CR2E037 (10/02)