

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90768 041 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000050096

1. Entity Name

URBANIA COMPANY



DO NOT WRITE IN THIS SPACE

90117910

2. Principal Place of Business
799 Crandon Blvd

3. Mailing Address
799 Crandon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 208

Unit 208

City & State

City & State

Key Biscayne, FL

Key Biscayne, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33149

Country
U.S.A

Zip
33149

Country
U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Leonardo F. Brito, Esq.

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

1001 Brickell Bay Drive Suite 2112

City Miami

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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

Leonardo F. Brito, Esq.

4/29/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MOCHE, MARIA SUSANA 799 CRANDON BLVD., UNIT 208 KEY BISCAVNE FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Maria S. Moche

Maria S. Moche

04/29/30

305.931.8889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)