

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000099737 1. Entity Name URBAN DEVELOPMENTS INTERNATIONAL, INC.	
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Principal Place of Business 2300 LAS OLAS BLVD. FT. LAUDERDALE, FL 33301	Mailing Address 2300 LAS OLAS BLVD. FT. LAUDERDALE, FL 33301
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DO NOT WRITE IN THIS SPACE



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3875371	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LIPSON, SAUL B
1515 UNIVERSITY DRIVE, 222
CORAL SPRINGS, FL 33071

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TILLBERG, TOMAS 2300 LAS OLAS BLVD. FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOINO, MARCELO 15552 SW 150 STREET FORT LAUDERDALE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STUTZMAN, JEAN-LOUIS 1960 NE 62ND COURT FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALDETTA, JOE 3857 NE 32ND STREET FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000149983
05/03/04-80207-008 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. Tillberg T. TILLBERG 29 APR 04 954-761-1097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #