2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90152 037 ***150.00

DOCUMENT # P02000099737

1. Entity Name
URBAN DEVELOPMENTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2300 LAS OLAS BLVD. FT. LAUDERDALE, FL 33301	2300 LAS OLAS BLVD. FT. LAUDERDALE, FL 33301

04262005 No Chg-P CR2E034 (10/03)

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4. FEI Number
22-3875371

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	TILLBERG, TOMAS
STREET ADDRESS	2300 LAS OLAS BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	P
NAME	MOINO, MARCELO
STREET ADDRESS	15552 SW 160 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326
TITLE	S
NAME	STUTZMAN, JEAN LOUIS
STREET ADDRESS	1960 NE 62ND COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	FALDETTA, JOE
STREET ADDRESS	3857 NE 32ND STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 TOMAS TILLBERG Apr 29/05 954-761-1097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LIPSON GROUP 9543443694 14:21 /29/2005 PAGE 04/04