

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040515

1. Entity Name

URKIZO REPRESENTATONS, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90075 010 ***150.00

Principal Place of Business

717 PONCE DE LEON BLVD., SUITE 234
 CORAL GABLES FL 33134

Mailing Address

717 PONCE DE LEON BLVD., SUITE 234
 CORAL GABLES FL 33134-2070

2. Principal Place of Business

3990 ALHAMBRA CIR.
 Suite, Apt. #, etc.

3. Mailing Address

3990 ALHAMBRA CIR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0838369

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALSAMENDI, JOSE L
 717 PONCE DE LEON BLVD., SUITE 234
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: JOSE LUIS SALSAMENDI
 Street Address (P.O. Box Number is Not Acceptable): 3990 ALHAMBRA CIR.
 City: CORAL GABLES FL Zip Code: 33134

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

March 18, 2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SALSAMENDI, JOSE L	
STREET ADDRESS	717 PONCE DE LEON BLVD., SUITE 234	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALSAMENDI, CLAUDIA	
STREET ADDRESS	717 PONCE DE LEON BLVD., STE. 234	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SSALSAMENDI, MONICA	
STREET ADDRESS	717 PONCE DE LEON BLVD., STE. 234	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE L SALSAMENDI	
STREET ADDRESS	3990 ALHAMBRA CIR. CORAL GABLES	
CITY-ST-ZIP	FL 33134	
TITLE	PRESIDENT, DIRECTOR, SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUDIA SALSAMENDI	
STREET ADDRESS	3990 ALHAMBRA CIR, CORAL GABLES	
CITY-ST-ZIP	FL 33134	
TITLE	PRESIDENT, DIRECTOR, SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONICA SALSAMENDI	
STREET ADDRESS	3990 ALHAMBRA CIR, CORAL GABLES	
CITY-ST-ZIP	FL 33134	
TITLE	JOSE LUIS SALSAMENDI @.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT, DIRECTOR, SECRETARY	
STREET ADDRESS	3990 ALHAMBRA CIR, CORAL GABLES	
CITY-ST-ZIP	FL 33134	
TITLE	PRESIDENT, DIRECTOR, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLORIA M. CAO	
STREET ADDRESS	3990 ALHAMBRA CIR, CORAL GABLES	
CITY-ST-ZIP	FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose L. Salsamendi PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 2000
 Date Daytime Phone #

CD 00034 (1/00)