

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040515

1. Entity Name
URKIZO REPRESENTATONS, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90370 045 ***150.00

0163965

Principal Place of Business 3990 ALHAMBRA CIR CORAL GABLES FL 33134 US	Mailing Address 3990 ALHAMBRA CIR CORAL GABLES FL 33134 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0838369	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SALSAMENDI, JOSE L
3990 ALHAMBRA CIR
CORAL GABLES FL 33134**

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.

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PDS	<input type="checkbox"/> Delete
NAME SALSAMENDI, CLAUDIA	
STREET ADDRESS 3990 ALHAMBRA CIR	
CITY-ST-ZIP CORAL GABLES FL 33134	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PDS	<input type="checkbox"/> Delete
NAME SSALSAMENDI, MONICA	
STREET ADDRESS 3990 ALHAMBRA CIR	
CITY-ST-ZIP CORAL GABLES FL 33134	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE S	<input type="checkbox"/> Delete
NAME SALSAMEDI, JOSE L	
STREET ADDRESS 3990 ALHABRA CIR	
CITY-ST-ZIP CORAL GALBES FL 33134	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PDS	<input type="checkbox"/> Delete
NAME SALSAMENDI, JOSE L	
STREET ADDRESS 3990 ALHAMBRA CIR	
CITY-ST-ZIP CORAL GABLES FL 33134	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PDS	<input type="checkbox"/> Delete
NAME CAO, GLORIA M	
STREET ADDRESS 3990 ALHAMBRA CIR	
CITY-ST-ZIP CORAL GABLES 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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001/03/28
Date

305-7250485
Daytime Phone #

CR2E034 (10/00)