

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90168 010 ***150.00

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 AV

DOCUMENT # 316275

1. Entity Name
URT INDUSTRIES, INC.

Principal Place of Business
~~1180 E HALLANDALE BEACH BLVD~~
~~HALLANDALE FL 33009~~

Mailing Address
~~1180 E HALLANDALE BEACH BLVD~~
~~HALLANDALE FL 33009~~

2. Principal Place of Business
9830 N.E. 2ND AVE
 Suite, Apt. #, etc.

3. Mailing Address
9830 N.E. 2ND AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami Shores, FL
 Zip
33138
 Country

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 Zip
33138
 Country

4. FEI Number **59-1167907**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WOLK, ALLAN
1180 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **ALLAN WOLK**
 Street Address (P.O. Box Number is Not Acceptable)
9830 N.E. 2ND AVE
 City **MIAMI SHORES FL** Zip Code **33138**

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 **ALLAN WOLK - President** *[Signature]* **3/18/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	WOLK, ALLAN	
STREET ADDRESS	1180 E HALLANDALE BCH BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLK, JASON	
STREET ADDRESS	1180 E HALLANDALE BCH BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLK, BRIAN	
STREET ADDRESS	1180 E HALLANDALE BCH BLVD	
CITY-ST-ZIP	HALLANDALE FL	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9830 N.E. 2ND AVE	
STREET ADDRESS	MIAMI SHORES, FL 33138	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 **305-932-4879**
Date Daytime Phone #

CR2E034 (9/01)