

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90091 043 ***150.00

DOCUMENT # 392886

1. Entity Name

THE URBAN COMPANY

Principal Place of Business

~~3900 NE 30TH AVE.
 LIGHTHOUSE POINT FL 33064~~

Mailing Address

~~3900 NE 30TH AVE.
 LIGHTHOUSE POINT FL 33064-7950~~

C0011458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3100 NE 48 CRT #202

Suite, Apt. #, etc.

3. Mailing Address

3100 NE 48 CRT #202

Suite, Apt. #, etc.

City & State

Lighthouse Point FL

Zip

33064

Country

U.S.A.

City & State

Lighthouse Point, FL

Zip

33064

Country

U.S.A.

4. FEI Number

59-1396811

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, DAVID L
 3900 NE 30TH AVE. 3100 NE 48 CRT # 202
 LIGHTHOUSE POINT FL 33064**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TPD <input type="checkbox"/> Delete
NAME	SMITH, DAVID L
STREET ADDRESS	3900 NE 30TH AVE. 3100 NE 48 CRT #202
CITY-ST-ZIP	LIGHTHOUSE POINT FL
TITLE	SDV <input type="checkbox"/> Delete
NAME	SMITH, JUANITA B
STREET ADDRESS	3900 NE 30TH AVE. 3100 NE 48 CRT #202
CITY-ST-ZIP	LIGHTHOUSE POINT FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

1-21-00

954-421-7518

CR2E034 (9/99)