

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90020 018 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # F63902

1. Entity Name
URBAN 4 DEVELOPMENT CORP.

Principal Place of Business 4260 SW 73RD AVE MIAMI FL 33155 US	Mailing Address 4260 SW 73RD AVE MIAMI FL 33133-2143 US
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2. Principal Place of Business 2560 S. W. 27 AVenue	3. Mailing Address 2560 SW 27 Avenue,
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL.	City & State Miami, Florida	4. FEI Number 59-2154979	Applied For <input type="checkbox"/> Not Applicable
Zip 33133	Country U. S. A.	Zip 33133	Country U. S. A.

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WONG, VICTOR
~~13380 SW 91ST TERRACE, UNIT 5~~
~~MIAMI FL 33186 8671~~
3355 SW 43 Terra
Miami, Fl.

Name VICTOR G. WONG	
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 _____ (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	
TITLE P	<input type="checkbox"/> Delete
NAME WONG, VICTOR	
STREET ADDRESS 13380 SW 91ST TERRACE, F	
CITY-ST-ZIP MIAMI FL	
TITLE V	<input type="checkbox"/> Delete
NAME REVUELTA, LUIS O	
STREET ADDRESS 1460 MERCADO AVE	
CITY-ST-ZIP CORAL GABLES FL	
TITLE V	<input type="checkbox"/> Delete
NAME LEON, SEGISBERTO, JR	
STREET ADDRESS 8701 SW 86TH AVE.	
CITY-ST-ZIP MIAMI FL	
TITLE ST	<input type="checkbox"/> Delete
NAME LEON, SEGISBERTO	
STREET ADDRESS 8600 SW 84 CT	
CITY-ST-ZIP MIAMI FL	
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 Victor G. Wong (Pres)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 8355 S. W. 43 Terra.	
CITY-ST-ZIP Miami Fl. 33135-4547	
TITLE VICE_PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VICE_PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Serc. Trear.	<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] 2/17/2000 305-648-1604
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)