

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F63902

1. Entity Name

URBAN 4 DEVELOPMENT CORP.

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

02-26-2000 90020 018 ***158.75

Principal Place of Business

4260 SW 73RD AVE
MIAMI FL 33155
US

Mailing Address

4260 SW 73RD AVE
MIAMI FL 33133-2143
US

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

Not Applicable

Zip

33133

Country

U. S. A.

Zip

33133

Country

U. S. A.

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

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

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	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		

TITLE	Victor G. Wong (Pres)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8355 S. W. 43 Terra.	
STREET ADDRESS	Miami Fl. 33135-4547	
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2000

Date

305-648-1604

Daytime Phone #

CR2E034 (9/99)