

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90053 046 ***158.75

DOCUMENT # F63902

1. Entity Name
URBAN 4 DEVELOPMENT CORP.



Principal Place of Business
2560 SW 27 AVE
MIAMI, FL 33133 US

Mailing Address
2560 SW 27 AVE
MIAMI, FL 33133 US

60014400

2. Principal Place of Business
2950 SW 27 AVE

3. Mailing Address
2950 SW 27 AVE

Suite, Apt. #, etc.
SUITE # 310

Suite, Apt. #, etc.
SUITE # 310

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33133

Country

Zip
33133

Country

01102005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2154979

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WONG, VICTOR
8355 SW 43RD TERR
MIAMI, FL 33186-8671

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P WONG, VICTOR <input type="checkbox"/> Delete
STREET ADDRESS	8355 SW 43 TERR
CITY-ST-ZIP	MIAMI, FL 33155
TITLE NAME	V REVUELTA, LUIS O <input type="checkbox"/> Delete
STREET ADDRESS	2560 SW. 27TH AVE.
CITY-ST-ZIP	MIAMI, FL 331332143
TITLE NAME	V LEON, SEGISBERTO, JR <input type="checkbox"/> Delete
STREET ADDRESS	8701 SW 86TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE NAME	ST LEON, SEGISBERTO <input type="checkbox"/> Delete
STREET ADDRESS	8600 SW 84 CT
CITY-ST-ZIP	MIAMI, FL
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2950 SW 27 AVE, SUITE#310
CITY-ST-ZIP	MIAMI, FL 33133
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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 #

VICTOR G. WONG

2/19/05 305-263-9726