

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90075 029 ***150.00

DOCUMENT # H35830

1. Entity Name

URBIETA ENTERPRISES, INC.

Principal Place of Business

11601 WEST OKEECHOBEE ROAD
 HIALEAH GARDENS FL 33016

Mailing Address

11601 WEST OKEECHOBEE ROAD
 HIALEAH GARDENS FL 33016

2. Principal Place of Business

9701 NW - 89th AVE

3. Mailing Address

9701 NW - 89th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY, FL

City & State

MEDLEY, FL

Zip

33178

Country

U.S.A.

Zip

33178

Country

U.S.A.

4. FEI Number

59-2478634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

URBIETA, IGNOTIO JR
 11601 WEST OKEECHOBEE ROAD
 HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name

URBIETA, IGNACIO JR.

Street Address (P.O. Box Number is Not Acceptable)

9701 NW - 89th AVE

City

MEDLEY

FL

Zip Code

33178

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, 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

TITLE PD
 NAME URBIETA, GUILLERMO ☐ Delete
 STREET ADDRESS 25 CASTLE HARBOR ISLE
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D
 NAME URBIETA JR., IGNACIO ☐ Delete
 STREET ADDRESS 7425 SW 115TH ST
 CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E034 (9/01)