FILED
May 24, 2002 8:00 am
Secretary of State

02-18-2002 90183 013 ****55.00

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003229

1. Entity Name

URBAN PRINCIPLES LLC

Principal Place of Business	Mailing Address
281 FLAMINGO DRIVE WEST PALM BEACH FL 33401	281 FLAMINGO DRIVE WEST PALM BEACH FL 33401

86410

2. Principal Place of Business	3. Mailing Address
319 CLEMATIS STREET	281 FLAMINGO DR ~~319 CLEMATIS STREET~~ [redacted]
Suite, Apt. #, etc. SUITE 512	Suite, Apt. #, etc. ~~SUITE 512~~
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33401 Country USA	Zip 33401 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1138030 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH FL 33401

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.

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 $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MANAGER~~ ~~NANCY C. GRAHAM~~ ~~281 FLAMINGO DR.~~ ~~WEST PALM BEACH, FL 33401~~	☑ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER NANCY C. GRAHAM 281 FLAMINGO DR. WEST PALM BEACH, FL 33401	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MANAGER MEMBER~~	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED Nancy C Graham NANCY C GRAHAM 2/6/02 561-832-6908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #