

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90042 033 *****50.00

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DOCUMENT # L02000024948

1. Entity Name
URBANTEX, LLC



Principal Place of Business
**200 LESLIE DRIVE
SUITE 424
HALLANDALE BEACH FL 33009
US**

Mailing Address
**P.O. BOX 398813
MIAMI BEACH FL 33239
US**



2. Principal Place of Business
5437 PIERCE ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 398813
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD, FLORIDA

City & State
MIAMI BEACH, FL

4. FEI Number
37-1442882

Applied For
☐ Not Applicable

Zip
33021

Country
USA

Zip
33239

Country
USA

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIM, TIEN
200 LESLIE DRIVE
SUITE 424
HALLANDALE BEACH FL 33009**

Name
LIM, TIEN
Street Address (P.O. Box Number is Not Acceptable)
5437 PIERCE ST.

City **HOLLYWOOD** FL Zip Code **33021**

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 (NOTE: Registered Agent signature required when reinstating)

DATE **9/8/03**

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CASTILLO, G.M. JEANNETTE
200 LESLIE DRIVE, SUITE 424
HALLANDALE BEACH FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5437 PIERCE ST.
HOLLYWOOD, FLORIDA 33021 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LIM, TIEN
200 LESLIE DRIVE, SUITE 424
HALLANDALE BEACH FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5437 PIERCE ST.
HOLLYWOOD, FLORIDA 33021 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/8/03

Date

954-600-5791

Daytime Phone #

CR2E083 (4/03)