

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000341**

1. Entity Name

URBAN SPACES MANAGEMENT GROUP, L.C.

Principal Place of Business

~~1251 N.E. 108TH ST., #822
NORTH MIAMI FL 33161~~

Mailing Address

~~1251 N.E. 108TH ST. #822
NORTH MIAMI FL 33161~~

2. Principal Place of Business

742 NE 206TH ST

Suite, Apt. #, etc.

3. Mailing Address

PO Box 611615

Suite, Apt. #, etc.

City & State

MIA FLA.

City & State

NORTH MIAMI FLA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

65-0830960

Zip

33179

Country

USA.

Zip

33261-1615

Country

USA.

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

FILED
01 JUL 20 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

CABAL, JULIO
1251 N.E. 108TH ST., #822
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name **CABAL JULIO**
Street Address (P.O. Box Number is Not Acceptable)
742 NE 206TH ST
City **MIAMI** FL **33179**

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

Julio Cabal MGR.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/30/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

RU0004509767-5

07/31/01-01065-002

*******55.00 *****55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABAL, JULIO 1251 N.E. 108TH ST., #822 NORTH MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CECIL, ANTHONY P 11960 N.E. 108TH ST., #20 NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABAL, YONEYA 1251 N.E. 108TH ST., #822 NORTH MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Julio Cabal
SIGNATURE REQUIRED

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

6/30/01

Date

(305) 2161618

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)