

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L97000000341**

1. Entity Name

URBAN SPACES MANAGEMENT GROUP, L.C.

Principal Place of Business

**742 NE 206TH STREET
MIAMI FL 33179**

Mailing Address

**P.O. BOX 611615
NORTH MIAMI FL 33261-1615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0830960

Applied For

Not Applicable

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

**CABAL, JULIO
742 NE 206TH STREET
MIAMI FL 33179**

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

10. ADDITIONS/CHANGES

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

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABAL JULIO	
STREET ADDRESS	742 NE 206TH ST	
CITY-ST-ZIP	MIAMI FLA 33179	

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

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CECIL ANTHONY P.	
STREET ADDRESS	742 NE 206TH ST	
CITY-ST-ZIP	MIAMI FLA 33179	

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

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABAL YANEYA	
STREET ADDRESS	1251 NE 108TH ST #717	
CITY-ST-ZIP	NORTH MIA FLA 33161	

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

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

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

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

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****1/30/02**

Date

(305) 216 1618

Daytime Phone #

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90108 035 ****55.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)