

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003265**

1. Entity Name
URBANHAUS, LC

FILED

01 APR 30 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**9208 ESTATE COVE CIRCLE
RIVERVIEW FL 33569**

Mailing Address
**9208 ESTATE COVE CIRCLE
RIVERVIEW FL 33569**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number

59-3547363

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

**RIVERO, MANUEL
9208 ESTATE COVE CIRCLE
RIVERVIEW FL**

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RIVERO, MANUEL
9208 ESTATE COVE CIRCLE
RIVERVIEW FL 33569** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**300004220633--1
-05/16/01--01111--001
*****55.00 *****55.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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: **MANUEL RIVERO**

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

Date

Daytime Phone

4/24/01 813 863-0633

CR2E083 (11/00)