

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

02-24-2003 90240 008 ****70.00

DOCUMENT # N02000004395

1. Entity Name

URBAN BEACH WEEK, INC.



Principal Place of Business
**5750 COLLINS AVENUE #3B
MIAMI BEACH FL 33140**

Mailing Address
**5750 COLLINS AVENUE #3B
MIAMI BEACH FL 33140**

2. Principal Place of Business

18355 NW 61 Ave

Suite, Apt. #, etc.

3. Mailing Address

18355 NW 61 Ave

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FL.

City & State

MIAMI, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33015

Country

USA

Zip

33015

Country

USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAPP, JABARI
5750 COLLINS AVENUE #3B
MIAMI BEACH FL 33140**

**18355 NW 61 Ave
MIAMI, FL - 33015**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **WASHINGTON, DEIDRE**
STREET ADDRESS **5750 COLLINS AVENUE #3B**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☐ Delete
NAME **CAPP, JABARI**
STREET ADDRESS **5750 COLLINS AVENUE #3B**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☒ Delete
NAME **WESLEY, SYLVESTER**
STREET ADDRESS **111 N.W. 1ST STREET #620**
CITY-ST-ZIP **MIAMI FL 33128**

TITLE **[Signature]** ☐ Delete
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

TITLE **QA** ☐ Delete
NAME **QA**
STREET ADDRESS **QA**
CITY-ST-ZIP **QA**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Jamila Y. Capp**
STREET ADDRESS **19809 NW 69th**
CITY-ST-ZIP **MIAMI, FL 33015**

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

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

TITLE **Director** ☐ Change ☒ Addition
NAME **LARRY CAPP**
STREET ADDRESS **18355 NW 61 Ave**
CITY-ST-ZIP **MIAMI, FL - 33015**

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

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JABARI CAPP

2-20-03

(705) 698-7998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC07 (10/02)