

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90471 047 \*\*\*150.00

DOCUMENT # **P00000000.379**

1. Entity Name

**URBINA IMPORT & EXPORT CORPORATION**

**DO NOT WRITE IN THIS SPACE**

**80069069**

2. Principal Place of Business

**19336 SW 65 ST.**

Suite, Apt. #, etc.

3. Mailing Address

**19336 SW 65 ST.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PEMBROKE PINES, FL**

City & State

**PEMBROKE PINES, FL**

4. FEI Number

**650970435**

Applied For

Not Applicable

Zip

**33332**

Country

**USA**

Zip

**33332**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**JORGE A. URBINA**

Street Address (P.O. Box Number is Not Acceptable)

**19336 SW 65 ST.**

City

**Pembroke Pines**

**FL**

Zip Code

**33332**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/08/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

**D  
URBINA JORGE A.  
19336 SW 65 ST.  
Pembroke Pines, FL, 33332**

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

**D  
URBINA, NELLY M.  
19336 SW 65 ST.  
Pembroke Pines, FL, 33332**

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/08/02**

Date

**(954) 680-7049**

Daytime Phone #

CR2E034B (12/01)