

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90045 041 ***150.00

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DOCUMENT # P00000006161

1. Entity Name
URBAN TREEHOUSE CO.



Principal Place of Business
1041 RAVEN AVENUE
MIAMI SPRINGS FL 33166

Mailing Address
1041 RAVEN AVENUE
MIAMI SPRINGS FL 33166

2. Principal Place of Business
3657 SW 23RD TR
Suite, Apt. #, etc.

3. Mailing Address
2210 LINCOLN AVE
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33145

Country
USA

Zip
33133

Country
USA

4. FEI Number: 30-0094444

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GARCIA, RAUL B
1041 RAVEN AVENUE
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name
OCTAVIO ROBLES
Street Address (P.O. Box Number is Not Acceptable)
2210 LINCOLN AVE
City MIAMI FL Zip Code 33133

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 *Octavio Robles* OCTAVIO ROBLES 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ~~\$5.00~~ May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GARCIA, RAUL B
STREET ADDRESS 1041 RAVEN AVE.
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☒ Delete

TITLE VPS
NAME ROBLES, OCTAVIO
STREET ADDRESS 2210 LINCOLN AVE.
CITY-ST-ZIP COCONUT GROVE FL-33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
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 607, 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: *Octavio Robles* REQUIRED

4/29/03

(305) 858-2320

Date Daytime Phone #

CR2E034 (10/02)