

# 2002 UNIFORM BUSINESS REPORT (UBR)

0041327 AV

DOCUMENT # P01000013679

1. Entity Name  
URBAN RELICS, INC.

FILED

02 NOV 12 PM 6:45

SECRETARY OF STATE  
TALLAHASSEE, FL 32399



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2650 BISCAYNE BLVD  
MIAMI FL 33137-4590

Mailing Address  
2650 BISCAYNE BLVD  
MIAMI FL 33137-4590

2. Principal Place of Business  
1113 NE 89 ST  
Suite, Apt. #, etc.

3. Mailing Address  
1113 NE 89 ST  
Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number  
45-0490165

Applied For  
Not Applicable

Zip  
33138

Country  
USA

Zip  
33138

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROQUE, SERGIO  
2650 BISCAYNE BLVD  
MIAMI FL 33137-4590

Name  
SERGIO ROQUE

Street Address (P.O. Box Number is Not Acceptable)  
1113 NE 89 ST

City  
Miami

FL

Zip Code  
33138

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
ROQUE, SERGIO  
2650 BISCAYNE BLVD  
MIAMI FL 33137-4590

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
ROQUE, SERGIO  
1113 NE 89 ST  
MIAMI FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
4000008604174  
10/28/02--01024--003 \*\*750.00

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

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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

305-572-1234

CR2E034 (4/02)