

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90138 033 ***150.00

DOCUMENT # P01000013679

1. Entity Name
URBAN RELICS, INC.



Principal Place of Business
**883 NE 89TH ST.
MIAMI, FL 33138 US**

Mailing Address
**883 NE 89TH ST.
MIAMI, FL 33138 US**

50065168



2. Principal Place of Business
1228 NE 89 St.
Suite, Apt. #, etc.

3. Mailing Address
1228 NE 89 St.
Suite, Apt. #, etc.

08242005 Chg-P CR2E034 (10/03)

City & State
Miami FL
Zip
33138 Country

City & State
Miami, FL
Zip
33138 Country

4. FEI Number
45-0490165 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROQUE, SERGIO
883 NE 89TH ST.
MIAMI, FL 33138**

7. Name and Address of New Registered Agent

Name **Roque, Sergio JR**
Street Address (P.O. Box Number is Not Acceptable)

1228 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 **X**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **X**

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
ROQUE, SERGIO
883 NE 89TH ST.
MIAMI, FL 33138** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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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
**Roque, Sergio JR.
1228 NE 89 St.
Miami FL 33138** ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/05
Date

Daytime Phone #