

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90074 020 ***150.00

DOCUMENT # P01000018094

1. Entity Name
URBAN AMERICA NEWSPAPER, INC.

Principal Place of Business
11935 S W 15TH STREET
PEMBROKE PINES FL 33025

Mailing Address
11935 S W 15TH STREET
PEMBROKE PINES FL 33025



2. Principal Place of Business

3. Mailing Address

P.O. Box 260276

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Pembroke Pines, FL

4. FEI Number

65-1122648

Applied For

Not Applicable

Zip

Country

Zip

33026

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

MICHAEL, CHARLES J
11935 S.W 15TH STREET
PEMBROKE PINES FL 33025

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 | D | <input type="checkbox"/> Delete |
| NAME | MICHAEL, CHARLES J | |
| STREET ADDRESS | 11935 S W 15TH STREET | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33025 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MICHAEL, LATOYA | |
| STREET ADDRESS | 11935 S W 15TH STREET | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33025 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | UGLADE, TONY | |
| STREET ADDRESS | 4055 S.W-103RD AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | UGLADE, JOSE | |
| STREET ADDRESS | 4055 S W 103RD AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HONAND, MARQUES | |
| STREET ADDRESS | 3621 SW 69 AVENUE | |
| CITY-ST-ZIP | MICAMAS FL 33023 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | OGUNLANA, BABATUNDE | |
| STREET ADDRESS | 9601 Fontainebleau BLVD #504 | |
| CITY-ST-ZIP | Miami, FL 33172 | |

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:

Charles J. Michael
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/02 954-480-4825
 Date Daytime Phone #

CR2E034 (9/01)