

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90029 013 ***150.00

DOCUMENT # P01000022417

1. Entity Name

URBAN + BLEHAR ARCHITECTURE, INC.

Principal Place of Business

815 W. BOYNTON BEACH BLVD., 4-104
 BOYNTON BEACH FL 33426

Mailing Address

815 W. BOYNTON BEACH BLVD., 4-104
 BOYNTON BEACH FL 33426

2. Principal Place of Business

916 NW 8TH AVE

3. Mailing Address

916 NW 8TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BCH. FL.

City & State

BOYNTON BCH. FL.

4. FEI Number

Applied For

Not Applicable

Zip

33426

Country

USA

Zip

33426

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

33426
 URBAN, MAX
 5640 W. ATLANTIC AVE., STE. 103
 DELRAY BEACH FL 33484

Name

MAX URBAN

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

916 NW 8TH AVE

City

BOYNTON BCH

FL

Zip Code

33426

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, 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 PT
 NAME URBAN, MAX
 STREET ADDRESS 815 W. BOYNTON BEACH BLVD., 4-104
 CITY-ST-ZIP BOYNTON BEACH FL 33426 ☐ Delete

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

TITLE V
 NAME BLEHAR, JON BLOSS
 STREET ADDRESS 1500 S. OLIVE AVE.
 CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/02 561-752-8033

Date

Daytime Phone #

PR2E034 (9/01)