From:

FILED
Jun 20, 2002 8:00 am
Secretary of State
06-20-2002 90063 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000044367

1. Entity Name
URD, INC

870453

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3593 W. Tree Tops	3593 W. Tree Tops
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FL	City & State: DAVIE, FL
Zip: 33328 Country: USA	Zip: 33328 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100842 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: ROBERT ZAKAIB
Street Address (P.O. Box Number is Not Acceptable): 3593 W. Tree Tops
City: DAVIE FL Zip Code: 33328

6. 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] 4/29/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D ROBERT ZAKAIB 3593 W. Tree Tops DAVIE, FL 33328	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, D DEAN SHAPIRO 1761 S.W. 72 AVE PLANTATION, FL 33317	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E0348 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/02 954-327-9790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

05-06-02

Attachment
870453
#PO 10000[illegible]

TO Whom It may concern,

Please find enclose a.ck for $150.00
The prior owner forgot to write your
address on the envelop so it was
returned to us. Thanks.

B Shapiro
Grass Masters