

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90017 041 ***158.75

DOCUMENT # P01000080773

1. Entity Name
URBANIMAL, INC

Principal Place of Business

74 NE 111 ST.
MIAMI SHORES FL 33161

Mailing Address

74 NE 111 ST.
MIAMI SHORES FL 33161

2. Principal Place of Business

680 NE 64 STREET

Suite, Apt. #, etc.
APT. A-411

City & State
MIAMI, FL

Zip
33138

Country
U.S.A

3. Mailing Address

680 NE 64 STREET

Suite, Apt. #, etc.
APT. A-411

City & State
MIAMI, FL

Zip
33138

Country
U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1128145**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AZARIPOUR, BEHROOZ
74 NE 111 ST.
MIAMI SHORES FL 33161

7. Name and Address of New Registered Agent

Name **THEILKUH, CLAUDIA**
 Street Address (P.O. Box Number is Not Acceptable)

680 NE 64 STREET APT. A-411

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.

SIGNATURE

C. Theilkuhl

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZARIPOUR, BEHROOZ 74 NE 111 ST. MIAMI SHORES FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEILKUH, CLAUDIA 74 NE 111 ST. MIAMI SHORES FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEILKUH, CLAUDIA 680 NE 64 STREET APT. A-411 MIAMI, FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOMEZ, MARTIN 680 NE 64 STREET APT. A-411 MIAMI, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M AZARIPOUR, BEHROOZ 680 NE, 64 STREET APT. A-411 MIAMI, FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

C. Theilkuhl **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

(786) 229-0957
 Daytime Phone #

CR2E034 (9/01)