

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90413 006 ***150.00

DOCUMENT # **P01000102646**

1. Entity Name

Urban Auto Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
401 E. Donegan Ave
Suite, Apt. #, etc.

3. Mailing Address
401 E. Donegan Ave
Suite, Apt. #, etc.

City & State
Kissimmee Florida

City & State
Kissimmee Florida

Zip
34741

Country
USA

Zip
34741

Country
USA

4. FEI Number
59-3751508

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Roberto Urban

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

401 E. Donegan Avenue

City
Kissimmee

FL

34741

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 fee is applicable

(NOTE: Registered Agent signature required when reissuing)

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) Roberto Urban
401 E. Donegan Ave.
Kissimmee, FL 34741

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(S/D) Nelson Urban
401 E. Donegan Ave
Kissimmee, FL 34741

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/01 (407) 870-9778

Date

Daytime Phone #

CR2E034B (12/01)