FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2002 8:00 am Secretary of State DOCUMENT # P01000113527 03-05-2002 90050 026 \*\*\*150.00 1. Entity Name URBAN PARTNERS GROUP, INC. Principal Place of Business Mailing Address 1809 BRICKELL AVENUE 1809 BRICKELL AVENUE **SUITE 1017 SUITE 1017** MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 49 FEI Number Applied For City & State City & State 5-1156264 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDMUNDO SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. Baickell AVE 4TH FLOOR MIAMI FL 33145 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 \_ nd title if epplicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (8/01) ☐ Change ☐ Celete ☐ Addition TITLE **PSTD** TITLE GONZALEZ, EDMUNDO E NAME NAME **CR2E034** 1809 BRICKELL AVENUE SUITE 1017 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition □ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF ☐ Addition ☐ Change Delete DTLF TITLE NAME MASSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 explowered.

GONZÁUZ

EDMUNDO

SIGNATURE: (