## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 12, 2002 8:00 am Secretary of State DOCUMENT # P01000122311 1. Entity Name 05-12-2002 90555 037 \*\*\*150 00 URBIETA STATIONS GROUP, INC. Principal Place of Business Mailing Address 9701 NW 89TH AVE. 9701 NW 89TH AVE. 80034964 MEDLEY FL 33178 MEDLEY FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied:For Cit⊽ & State 4. FEI Numbe City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ٣٦ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KASS, MARK E ESQ. Street Address (P.O. Box Number is Not Acceptable) 1497 NW 7TH ST. **MIAMI FL 33125** Zip Code City FL 8. The above named entity supprits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE Delete TITLE NAME NAME URBIETA, IGNACIO STREET ADDRESS STREET ADDRESS 9701 NW 89TH AVE. CITY-ST-ZIP CITY-ST-ZIP MEDLEY FL 33178 ☐ Addition ☐ Change TITLE ☐ Delete TITLE \*NAME NAME URBIETA, GUILLERMO STREET ADDRESS OZOT NIN BOTH AVE STREET ADDRESS CITY-ST-ZIP MEDLEY FL 33178 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

nate

Daytime Phone #

**FILED** 

SIGNATURE:

address, with all other like empowered