

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90192 027 ***150.00

DOCUMENT # **P01.000122311**

1. Entity Name
URBIETA STATIONS GROUP, INC.



Principal Place of Business
**9701 NW 89TH AVE.
MEDLEY FL 33178**

Mailing Address
**9701 NW 89TH AVE.
MEDLEY FL 33178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-0560182**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KASS, MARK E ESQ.
1497 NW 7TH ST.
MIAMI FL 33125**

Name
URBIETA JR, IGNACIO

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

9701 NW 89TH AVE

City **Medley, FL**

FL

Zip Code
33186

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ignacio Urbieto Jr*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **URBIETA, IGNACIO**
STREET ADDRESS **9701 NW 89TH AVE.**
CITY-ST-ZIP **MEDLEY FL 33178**

TITLE **URBIETA JR, IGNACIO** ☒ Change ☐ Addition
NAME **URBIETA JR, IGNACIO**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **URBIETA, GUILLERMO**
STREET ADDRESS **9701 NW 89TH AVE.**
CITY-ST-ZIP **MEDLEY FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ignacio Urbieto Jr
IGNACIO URBIETA JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)