

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90013 007 ***150.00

DOCUMENT # P02000054716

1. Entity Name
URBAN AREA CORP.



Principal Place of Business
**18081 BISCAYNE BLVD., TORRE 4 N.
APT. 301
MIAMI, FL 33160**

Mailing Address
**18081 BISCAYNE BLVD., TORRE 4 N.
APT. 301
MIAMI, FL 33160**

40129294



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08062007 Chg-P CR2E034 (12/06)

4. FEI Number
03-0446084

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEPE, HUGO A
18081 BISCAYNE BLVD
TORRE 4N, 301
MIAMI, FL 33160**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
PEPE, HUGO ALBERTO
18081 BISCAYNE BLVD, TORRE 4N, # 301
MIAMI, FL 33160**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

202

Jun 20, 2007

Florida Department of State
Division of Corporations
P.O. Box 8700
Tallahassee, Florida 32314

40129294

Document: P02000054716

Dear Sirs,

I would like to inform you that due to the fact that we did not receive the Annual Report Notice for 2007 we have not been able to make the payment. Please apply the funds on the attached check to renew our license and advise if the penalty charges can be forgotten.

Thanks,

Hugo A Pepe
President
Urban Area Corp