

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90172 040 \*\*\*150.00

|                                            |                     |
|--------------------------------------------|---------------------|
| <b>DOCUMENT #</b>                          | <b>P02000098460</b> |
| 1. Entity Name<br><b>URBAN TAINO, INC.</b> |                     |



|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br><b>198 HONEYWOOD DRIVE<br/>KISSIMMEE FL 34743</b> | Mailing Address<br><b>717 EAST OAK STREET<br/>KISSIMMEE FL 34744</b> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>51-0424945</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                         |  |
|-------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                         |  |
| <b>BAUMRIK, ANDY J CPA<br/>717 E. OAK STREET<br/>KISSIMMEE FL 34744</b> |  |

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | 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 <i>Nelson Torres</i>                                                                                                                                                                                                | DATE <i>5/21/03</i> |
| (NOTE: Registered Agent signature required when establishing)                                                                                                                                                                 |                     |

|                                                                                     |                                    |
|-------------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                            |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>TORRES, NELSON<br/>198 HONEYWOOD DRIVE<br/>KISSIMMEE FL 34743</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1) |                                                                                             |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P, S, T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: <i>Nelson Torres</i>                                    | Date | Ordinary Person # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |      |                   |