FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90239 025 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P27627 1. Corporation Name

URY COI	RPORATION					il 210k 8kol 8kol 6kol 6kol 6kol
Principal Place	of Business	Mailing Address				<u> </u>
% DR. GUSTAV URY 3501 GARDENVIEW RD 3501 GARDENVIEW RD BALTIMORE MD 21208 BALTIMORE MD 21208					DO NOT WRITE IN THE 3. Date incorporated or Qualifed 01/02/1990	IIS SPACE
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					58-1884868	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	-\$5:00 ⁻ May Be	
28		28			Trust Fund Contribution Added to Fees	
Zip	— — — — — — — — — — — — — — — — — — —		Country		8. This corporation owes the current year	
24	25 29 30		30		Personal Property Tax. 10. Name and Address of New Register	Yes No
9. Name and Address of Current Registered Agent 81 Name					10. Name and Address of New Register	ag Agent
HOD	KIN, PETER M		Ľ	Name		
2101 W COMMERCIAL BLVD			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
STE 4100			83			
FT LAUDERDALE FL 33309						
7. 2.60-1.07-1.07			84	City	F	S5 Zip Code
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statutes f Florida. Such change was aut ons of, Section 607.0505, Florid	s, the above thorized by da Statutes	e-named corp the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE					d when reinstating) DATE	
			13.	it signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	PD OPFICERS AND	DELETE	11 TITLE	Т	ADDITIONS/OFFAIGLE TO OFFICE AC	☐ Change ☐ Addition
NAME	,		1.2 NAME			
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP			1.4 CITY-S			
TITLE			2.1 TITLE			☐ Change ☐ Addition
NAME	1		2.2 NAME			
STREET ADDRESS			2.3 STREE	ADDRESS		
CITY-ST-ZIP			2.4 CITY-S	}		
TITLE			3 † TITLE			Change Addition
NAME.			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP	-11-711-6-7-7-10-		3.4, CITY-S	T-ZIP		
TITLE			4,1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 440		4.4 CITY-S	T-ZIP		
TITLE	☐ DELETE 5.1 TI		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP	11/31/21/		5.4 CITY-S	T-ZIP		
TITLE	·	☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP