

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90071 035 ***550.00

0122961 AT

DOCUMENT # P27627

1. Entity Name

URY CORPORATION

Principal Place of Business

**% DR. GUSTAV URY
3501 GARDENVIEW RD
BALTIMORE MD 21208**

Mailing Address

**% DR. GUSTAV URY
3501 GARDENVIEW RD
BALTIMORE MD 21208**

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

58-1884868

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HODKIN, PETER M
ONE EAST BROWARD BLVD
STE 1501
FORT LAUDERDALE FL 33301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	URY, GUSTAV	
STREET ADDRESS	3501 GARDENVIEW RD	
CITY-ST-ZIP	BALTIMORE MD	

TITLE	VD	<input type="checkbox"/> Delete
NAME	URY, WAYNE	
STREET ADDRESS	3501 GARDENVIEW RD	
CITY-ST-ZIP	BALTIMORE MD	

TITLE	STD	<input type="checkbox"/> Delete
NAME	URY, GREGG	
STREET ADDRESS	3501 GARDENVIEW RD	
CITY-ST-ZIP	BALTIMORE MD	

TITLE	AS	<input type="checkbox"/> Delete
NAME	HODKIN, PETER M.	
STREET ADDRESS	ONE E BROWARD BLVD STE 1501	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE REGISTRATION**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**7-3-01**

Date

Daytime Phone #

CR2E034 (5/01)