

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013813

1. Entity Name

URI'S CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 9:09

Principal Place of Business

2300 CORAL WAY
SUITE 200
MIAMI FL 33145

Mailing Address

2300 CORAL WAY
SUITE 200
MIAMI FL 33145-3511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0390242

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

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

AMADA CANTERA LOPEZ, PRES.

DATE

4/20/00

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Delete
NAME: **PSTD VELEZ, EURIDIS**
STREET ADDRESS: **3395 NW 32 AVE**
CITY-ST-ZIP: **MIAMI FL 33142**

TITLE: Change Addition
NAME: **900003228589--3**
STREET ADDRESS: **-04/28/00--01032**
CITY-ST-ZIP: **Page 013**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
*****150.00 ***150.00**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
*****150.00 ***150.00**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

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

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: *E. Velez*
EURIDIS VELEZ, PRES.

SIGNATURE: *Amada Cantera Lopez*
DATE:
Daytime Phone #