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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000050253

URBAN TECHNOLOGIES, INC.

FILED Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90012 005 ***150.00



Principal Place of Business Mailing Address 3018 N.E. 49TH STREET 3018 N.E. 49TH STREET FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/14/1993 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0449094 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes the current year Intangible 24 29 30 Personal Property Tax. ПNо 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent YORK, MARIE L USB 3018 N.E. 49TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33308 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) { インング OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE rf_0249300 NAME YORK, MARIE L 1.2 NAME STREET ADDRESS 3018 N.E. 49TH ST 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 ΠTLE ☐ Change ☐ Addition NAME GEORGE, ROBERT E 2.2 NAME STREET ADDRESS 149 N.W. 70 ST. #105 2.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33341** 2. 4 CITY: ST: ZIP ☐ DELETE TITLE 3.1 TITLE ☐ Addition NAME. 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE TITLE 51 TITLE ☐ Change ☐ Addition 5.2 NAME NAME D. [4,1793 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP - 27 B 1 (12 78) 2 CITY ST ZIP ☐ DELETE 6.1 TITLE TITLE Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CR2E034 (11/98)