

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047242 (0)**

1. Corporation Name
URM, INC.

Principal Place of Business
**1563 NW 28TH ST.
MIAMI FL 33142**

Mailing Address
**1563 NW 28TH ST.
MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/24/1994

3a. Date of Last Report

4. FEI Number
65-0492884

Applied For
☐ Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21. **6776 NE 4TH AV**

2a. Mailing Address
26. **6776 NE 4TH AVE**

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State
MIAMI FL

28. City & State
MIAMI FL

24. Zip
33138

29. Zip
33138

25. Country
DADE

30. Country
DADE

9. Name and Address of Current Registered Agent

**ROJAS, ULYSES
1563 NW 28TH ST.
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81. Name
ROJAS, ULYSES
82. Street Address (P.O. Box Number is Not Acceptable)
6776 NE 4TH AVE
83.
84. City
MIAMI **FL** 85. Zip Code
33138

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 *Ulyses Rojas* **ULYSES ROJAS** **1-23-95**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	ULYSES ROJAS	
1.3 STREET ADDRESS	6776 NE 4TH AVE	
1.4 CITY - ST - ZIP	MIAMI FL 33138	
2.1 TITLE	TEENCOLEL	☐ Change ☒ Addition
2.2 NAME	JULIA RIVERA	
2.3 STREET ADDRESS	6776 NE 4TH AVE	
2.4 CITY - ST - ZIP	MIAMI FL 33138	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

Ulyses Rojas **ULYSES ROJAS** **1-23-95** **279-6400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number