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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVIDIONI OF CORDODATIONS

FONTICIELLA, ARMANDO J

13360 SW 25 STREET

**MIAMI FL 33175** 

|                                       | 1990        | OF NE                  | DIVISION OF                          | CONFONATIONS  |   |   |
|---------------------------------------|-------------|------------------------|--------------------------------------|---------------|---|---|
| DOCUN<br>1. Corporation               | MENT #      | P950000                | 84229 (0                             | ))            |   |   |
| THE U                                 | rbana Gro   | up, inc.               |                                      |               | I HAANDAI NA HAIDI AIHN AANN AAN                        |   |
| Principal Place                       | of Business |                        | Mailing Address                      | <u> </u>      |   |   |
| 13360 SW 25<br>MIAMI FL 331           |             |                        | 13360 SW 25 STREET<br>MIAMI FL 33175 |               |   |   |
|                                       |             |                        |                                      |               | 3. Date Incorporated or Qualified 10/30/1995            | 3a. Date of Last Report                 |
| Principal Place of Business     State |             |                        | 2a. Mailing Address 26               |               | 4. FEI Number   | Applied For<br>Not Applica              |
| Suite, Apt #                          | t, etc.     | 27                     | Suite, Apt #, etc.                   |               | 5. Certificate of Status Desired                        | S8.75 Additional Fee Required           |
| City & State                          |             | 28                     | City & State                         |               | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be<br>Added to Fees          |
| Zip<br><b>24</b>                      | 25          | Country 29             | Zip                                  | Country<br>30 | 8. This corporation has liability for Florida Statutes  | intangible tax under s 199.032,<br>□ No |
|                                       | 9. Name and | Address of Current Reg | islered Agent                        |               | 10. Name and Address of New F                           | Registered Agent                        |
| [                                     |             |                        | <u> </u>                             | 81 Name       |   |   |

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**B2** 

В3

City

Street Address (P.O. Box Number is Not Acceptable)

|               | Stguature, typed or printed name of registeren agent and title if |          | TE Rugisterad Agent signature required | I when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---------------|---|----------|--|--|
| 2.<br>ILF     | OFFICERS AND DIREC  | DELETE   | 13.                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                          |
| ,             | PD FORESTELLA ARMANIDO A  | _ bettie |  | Citalige C Account   |
| ME            | FONTICIELLA, ARMANDO J  |          | 1.2 NAME                               |  |
| RELEADORESS   | 13340 SW 25 ST  |          | 1.3 STREET ADDRESS                     |  |
| Y - ST - ZIP  | MIAMI FL 33175  | DELETE   | 1.4 CITY - ST - ZIP                    | ☐ Change ☐ Addii   |
| .F            | SD SING FRANCISCO   | Doctor   | 2. 1 TITLE                             |  |
| Mξ            | PINO, ERNESTO R   |          | 2 2 NAME                               |  |
| EFT ADDRESS   | 13360 SW 25 STREET  |          | 2 3 STREET ADDRESS                     |  |
| Y - \$1 - 21F | MIAMI FL 33175  |          | 2.4 CITY - \$1 - ZIP                   |  |
| LF            |   | ☐ DELETE | 3 1 TITLE                              | Change Addi  |
| Aŧ            |   |          | 3 2 NAME                               |  |
| FF1 ADDRESS   |   |          | 3 3 STREET ADDRESS                     |  |
| Y - ST - 7IP  |   |          | 3 4 CiTy - ST - ZiP                    |  |
| LF            |   | DELETE   | 4 1 TITLE                              | Change Addi  |
| AE .          |   |          | 4 2 NAME                               |  |
| SET ADDRESS   |   |          | 4.3 STREET ADDRESS                     |  |
| Y · ST · ZIF  |   |          | 4.4 CITY - ST - ZIP                    |  |
| .f            |   | DELETE   | 5 1 TITLE                              | ☐ Change ☐ Addi  |
| VIE.          |   |          | 52 NAME                                |  |
| REET ADDRESS  |   |          | 5 3 STREET ADDRESS                     |  |
| Y - ST - ZIE  |   |          | 5.4 CITY - ST - ZIP                    |  |
| .F            |   | DELETE   | 6 1 TITLE                              | ☐ Change ☐ Addi  |
| ME            |   |          | 62 NAVE                                |  |
| REET ADDRESS  |   |          | 6 3 STREET ADDRESS                     |  |
| Y-\$1-200     |   |          | 76.4 CITY-ST-ZIP                       |  |

roo nereup certify that the information submide with this tiling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). 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 eath, 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 manged, or on an attackment with all address.

SIGNATURE: \_

1-18-96

1-305-553-6562

Applied For Not Applicable

Zip Code