


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90007 050 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P95000084229

1. Corporation Name

THE URBANA GROUP, INC.

Principal Place of Business

13360 SW 25 STREET
MIAMI FL 33175

Mailing Address

13360 SW 25 STREET
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11400 W. Flagler St

2a. Mailing Address

26 11400 W. Flagler St

Suite, Apt. #, etc.

27 Suite 205

Suite, Apt. #, etc.

22 Suite 205

City & State

23 MIAMI, FLA

City & State

28 MIAMI, FLA

Zip Country

24 33175

Zip Country

29 33175

30

9. Name and Address of Current Registered Agent

FONTICIELLA, ARMANDO J
13360 SW 25 STREET
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

FonticIELLA, ARMAUDO J.

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

13360 SW 25 ST

83

84 City

Miami

FL

85 Zip Code

33175

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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.

Armando J. FonticIELLA

DATE

1/5/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS FONTICIELLA, ARMANDO J
CITY-ST-ZIP 13340 SW 25 ST
MIAMI FL 33175

TITLE ☐ DELETE

NAME SD
STREET ADDRESS PINO, ERNESTO R
CITY-ST-ZIP 13360 SW 25 STREET
MIAMI FL 33175

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99

305 5536562

0252651

CR2E034 (11/98)