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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

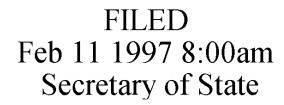
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

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DOCUMENT # P95000096371 (6)

URBAN SPACES, INC.





Principal Place	RD 7	632	Mailing Address 632 \$ STATE RD 7				*******						
MARGATE FL	3068	MA	RGATE FL 33068-1734					3. Date incorporated or Qualified	3a. D	ate of Last R	leport		
)								12/21/1995	08/	/22/1996			
	lace of Business	2a.	Mailing Address					4. FEI Number			pplied For		
21 11960	NE 19TH DK.	26	11940NE 19	771	ar d	20		65-0649213		No	ot Applicable		
Suite, Ant.	IJ940NE 19 Suite, Apt. #, etc. NORTH HIA	7	ila	ļ		5. Certificate of Status Desired	M	-	Additional equired				
City & State 23 NORTH	NiA		City & State			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees							
Zip	Country FLA.		Zip	1	Country			8. This corporation has liability for	intanoible				
24 33/8/	25 USA	29		30	F	4.			Yes		,		
	9. Name and Address of Curren	t Regist	ered Agent					10. Name and Address of New Ro	agistered	Agent			
COF	RPORATION SERVICE COMPANY	•			81	Nam	8						
1201	HAYS STREET				82	Stree	1 Addre	ess (P.O. Box Number is Not Accepta	ble)				
IALI	LAHASSEE FL 32301-2525				63								
					84	City			FL	85 Zip	Code		
44 Durouset	to the provisions of Sections 607 050	2 and Er	17 1508 Florida State	toe #	a abou	B-02002	d core	oration submits this statement for the		of changing i	ite renietoroa		
SIGNATURE	in familiar with, and accopt the obligation of t	int and title	r applicable (NO	TE: Reg	stered Ag		re require	ad when reinstating)	DATE				
12.	OFFICERS ANI	D DIREC		_	13.			ADDITIONS/CHANGES TO OFF					
TITLE	D		⊠ DELETE	•	11 TITLE		Q	ecil I ANTHONY Y	•	Change	L Addition		
NAME	CECIL, ANTHONY P				1.2 NAME		12/	INCTOR. 960 NA 19THOR \$20	•				
STREET ADDRESS	632 S STATE ROAD 7			1	1.3 STREE			ORTH KIA FIA 331	01_				
CHY-ST-ZP	MARGATE FL 33068		1 00,076	-	1.4 CITY-1	ST - ZIP	~	KIN KIN PIN 331	5 (-	Chacas	Addition		
TITLE			☐ DELETE		2.1 TITLE					L., Change	L.J Addition		
NAME					2.2 NAME	. .	_						
STREET ADDRESS					2.3 STREE			a.					
CHY-S1-ZIP TITLE			DELETE		2 4 CITY- 3.1 TITLE	31-ZIP				Change	Addition		
NAME			D Pettir		3.2 NAME					and comings	Figure 1		
STREET ADORESS				1	3.3 STREE	T ANNOES							
CITY-ST-ZIP					3.4. CITY-		`						
TITLE			DELETE	_	4.1 TITLE	or-zir				Change	Addition		
NAME					4. 2 NAME					•	•		
STREET ADDRESS				1	4.3 STREE		s						
CITY - ST - ZIP					4.4 CITY-								
TITLE			☐ DELETE	_	5.1 TITLE		1			Change	Addition		
NAME				1	52 NAME								
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CITY - ST - ZIP					54 CITY-								
TITLE			☐ DELETÉ	_	61 TITLE		1			Change	Addition		
NAME					6.2 NAME								
STREET ADDRESS					6.3 STREE	T ADDRES	ŝ						
CITY-ST-ZIF				1	6.4 CITY -	ST-ZIP		·					

14. I do 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 thy 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 12 or Block 12 or an attachment with an indirector.

SIGNATURE: