05171999-90015-050-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

| DOCU 1. Corporatio | MENT # P9600002 | 8258 🗸 | | | | | |
|---|--|--|---|--|----------------------------------|--|-----------------|
| U.R.C. CONSTRUCTION CORP. | | | | `- | | | |
| | | AA /// | | _ | | | |
| , , | ce of Business | Mailing Address | 120 | | | | |
| 2699 Collins Ave. No 120 2699 Collins Ave - 120 Miami Beach, Fl. 33140 Miami Beach Fl. 33140 | | | | ' | | | |
| Miami | Beach, Fl. 33140 | Miami Beach | F1. 33140 | DO NOT WRITE IN TH | IIS SPACE | | |
| ļ | | | • | 3. Date Incorporated or Qualifed | | |] |
| 1 | | | | 04-01-96 | | | l |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Ар | plied For | |
| 21 | | 26 | | 65-0657115 | No | t Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 | | |
| 22 | | 27 | | 0, 00, mode of childs 505.102 | Fee Re | quired | |
| City & Stat | le | City & State | | 6. Election Campaign Financing | \$5.0 <u>0</u> | | |
| 23 | | 28 | | Trust Fund Contribution | Added t | o Fees | ł |
| Zip | - Country | Zip | Country | 8. This corporation owes the current year | | | |
| 24 | 25 | | 0 | Personal Property Tax. | ∐ Yes | ¥No | 1 |
| | 9. Name and Address of Current | Registered Agent | 81 Name | 10. Name and Address of New Registere | d Agent | | |
| Juan | Carlos Uribarri | | OT HATTIE | | | | |
| 16330 S.W. 84th Ave. | | | 82 Street Addre | ss (P.O. Box Number is Not Acceptable) | | | |
| Miami | i Lakes, Fl. 33010 | 6 | 83 | | | | |
| | • | | 63 | | | | |
| | | | 84 City | F | 85 Zip C | Code | |
| | | | | | | ropietared | |
| 11. Pursuant | to the provisions of Sections 607.0502 registered agent, or both, in the State of | and 507.1508, Florida Statutes f Florida, Such change was auti | , the above-named corpo | ration submits this statement for the purpose | or charging its | distered | |
| | | | | is board of directors. I hardly becope and app | | | ı |
| agent. I a | im familiar with and accept the obligation | Section 607.0505, Florid | la Statutes. | | | | |
| agent. I a SIGNATURE | m familiar with, and accept the obligate | Section 607.0505, Florid | ja Statutes. | 6. | 9.99 | | _ |
| agent. I a SIGNATURE | im familiar with and accept the obligation of the state o | and title if applicable (NOTE: Ri | ga Statutes. | when reinstating) DATE | 9.99 | | (86) |
| agent. I a SIGNATURE 12. | Signature, typid or printed name http://diseased.apon/ | and title of applicable (NOTE: R) D DIRECTORS | ja Statutes. | 6. | 9.99 | | (11/98) |
| agent. I a SIGNATURE 12. | Signature, typid or printed name burgistered agent | and title if applicable (NOTE: R) O DIRECTORS | agistered Agent signature required to 13. 1.1 TITLE | when reinstating) DATE | 9.99 AND DIRECTO | RS IN 12 | 14 (11/98) |
| agent. I a SIGNATURE 12. IIILE NAME | Signature, typed or printed name Marsiate ed spenii OFFICERS AND Juan Carlos Uriba | and title if applicable (NOTE: Ri) DIRECTORS DELETE | a Statutes. 13. 1.1 TITLE 1.2 NAME | when reinstating) DATE | 9.99 AND DIRECTO | RS IN 12 | E034 (11/98) |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name Magazined spent of OFFICERS AND Juan Carlos Uriba 16330 S.W. 84th | and title of applicable (NOTE: R) DIRECTORS DELETE Ave. | a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | when reinstating) DATE | 9.99 AND DIRECTO | RS IN 12 | R2F034 (11/98) |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name Marsiate ed spenii OFFICERS AND Juan Carlos Uriba | and title of applicable (NOTE: R) DIRECTORS DELETE Ave. | a Statutes. 13. 1.1 TITLE 1.2 NAME | when reinstating) DATE | 9.99 AND DIRECTO | RS IN 12 | CR2F034 (11/98) |
| agent. I a SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name Magazined spent of OFFICERS AND Juan Carlos Uriba 16330 S.W. 84th | AND USE APPLICABLE DELETE ATT 33016 | a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP | when reinstating) DATE | AND DIRECTO | RS IN 12 | CR2F034 (11/98) |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Flonda 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 or an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

CITY-ST-ZIP

Juan C. Uribarri

04-26-99 (305)567-5244

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90015 050 ***150.00