## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT 1999

THE URBAN ARTIST, INC.

1. Corporation Name

Principal Place of Business

3929 PONCE DE LEON BLVD.

2. Principal Place of Business

21 813 N. Nobb Hi

CORAL GABLES FL 33134

22



DOCUMENT # P96000102549

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

3929 PONCE DE LEON BLVD.

CORAL GABLES FL 33134

Suite, Ant. #. etc.

2a. Mailing Address

27

## FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90038 042 \*\*\*150.00



3. Date incorporated or Qualifed 12/20/1996

5. Certificate of Status Desired

4. FEI Number

65-0765590

700238785837

Applied For

\$8.75 Additional

Fee Required

Not Applicable.

DO NOT WRITE IN THIS SPACE

NAME GLICK, STACY  STREET ADDRESS CITY-ST-ZIP  12 NAME GLICK STACY 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP  MIAMI, FL 33125	
### WHITMAN, IRVING J ESQ.  3929 PONCE DE LEON BLVD.  CORAL GABLES FL 33134  ### City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 507,0502 and 807,1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its region office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registe agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  D	
WHITMAN, IRVING J ESQ.  3929 PONCE DE LEON BLVD.  CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85 Zip Code  11. Pursuant to the provisions of Sections 507.0502 and 507.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its region 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 registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or provide name of registered agent and file if applicable  NOTE Registered Agent Signature required when refusating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  D DELETE  1.5 TITLE  C GLICK, STACY  1.3 STREET ADDRESS  CITY-ST-ZIP  NAME  GLICK, DIANNE  CHARGE  C	
WHITMAN, IRVING J ESQ. 3929 PONCE DE LEON BLVD. CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 507.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its region office or registered agent, or both, in the State of Ficrida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the provisions of Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  D	
3929 PONCE DE LEON BLVD. CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83	
CORAL GABLES FL 33134  83  64 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 507.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regional transformation of the purpose of changing its regional transformation and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Bignature, typed or ported name of registered agains and fills if applicable (NOTE, Registered Agart Signature required when refusating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  D  GLICK, STACY  1.3 TITLE  CALCE STACY  1.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33125  TITLE  Change	
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64 CTY-ST-ZP  14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)fit. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)fit. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)fit. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)fit.	1

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related to this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 all other like empowered.

SIGNATURE:

99

954-475-0240