

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90163 022 \*\*\*558.75

**DOCUMENT # P98000038598**

1. Entity Name  
**URBAN SOLUTIONS, INC.**



Principal Place of Business  
**210 UNIVERSITY DRIVE #300  
CORAL SPRINGS FL 33071**

Mailing Address  
**210 UNIVERSITY DRIVE #300  
CORAL SPRINGS FL 33071**

**30150879**



2. Principal Place of Business

**31 Jackson St, Unit G**

Suite, Apt. #, etc.  
**Denver CO**

City & State

3. Mailing Address

**31 Jackson St, Unit G**

Suite, Apt. #, etc.

**Denver CO**

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0834512**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WEINBERG, STEVE  
7805 SW 6TH CT  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make, Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE : **D** ☐ Delete  
NAME **COHN, ROBERT S**  
STREET ADDRESS **210 UNIVERSITY DRIVE #300**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ROBERT S. COHN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/12/03**  
Date

**(303) 394-1110**  
Daytime Phone #

CR2E034 (4/03)