

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90708 042 ***150.00

DOCUMENT # P99000077230

1. Entity Name
URBANIZA INVESTMENTS INC.

Principal Place of Business

~~801 MADRID ST~~
~~203~~
~~MIAMI FL 33134~~

Mailing Address

801 MADRID ST
203
MIAMI FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 203

City & State
Coral Gables FL

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0949091

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MARKIN, STEWART~~
~~444 BRICKELL AVE~~
~~STE 300~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

RAY Touredain

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

801 Madrid St. Ste 203

City

Coral Gables

FL

Zip Code

33134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

RAY Touredain president

29 April 02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	PDST	MARKIN, STEWART	444 BRICKELL STE 300	MIAMI FL 33131
	<i>PDST</i>	<i>RAY Touredain</i>	<i>801 Madrid st ste 203</i>	<i>Coral Gables FL 33134</i>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

RAY Touredain president
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)