

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

MARKIN, STEWART

444 BRICKELL AVE

STE 300

MIAMI FL 33131

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

DATE

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAY Touredain president 4/29/02 305-64821484

CR2E034 (9/01)