

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

02 JUL 26 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Entity Name

*Urban. Medical. Providers, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*13936 NW 7th Ave.*

Suite, Apt. #, etc.

3. Mailing Address

*13936 NW 7th Ave.*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Miami, FL.*

City & State

*Miami FL.*

4. FEI Number

*650955796.*

Applied For

Not Applicable

Zip

*33168*

Country

*Dade.*

Zip

*33168*

Country

*Dade.*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*ANTHONY McBEAN.*

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

*13936 NW 7th Ave.*

*Miami FL.*

City

**FL**

Zip Code

*33168*

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*7-22-02.*

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Page Schrieber, (Director)*

*5930 SW 32 Street*

*Miami Florida 33155*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Ronald Askenwicz (Director)*

*260 - 95th Ste 260*

*Miami Bch. FL 33154.*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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**100006856271--8**

**-08/01/02--01051--028**

**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-22-02 305 807 920*

Date

Daytime Phone #

CR2E034B (12/01)

*7/30/02*