

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092821

1. Entity Name

URBAN CONCEPTS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90061 020 ***150.00

Principal Place of Business

727 PARK PLACE
WEST PALM BEACH FL 33401

Mailing Address

727 PARK PLACE
WEST PALM BEACH FL 33401-7233

2. Principal Place of Business

4245-148th TERRACE NORTH

3. Mailing Address

4245-148th TERRACE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

Zip

33470

Country

USA

4. FEI Number

65-0955810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, WAYNE M
330 CLEMATIS ST STE 218
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

ALLISON MEGRATH

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

4245-148th TERRACE NORTH

City

LOXAHATCHEE

FL

Zip Code

33470

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

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

ALLISON MEGRATH

(NOTE: Registered Agent signature required when reinstating)

4/17/00

DATE

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, 2000 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

TITLE ☐ Delete
NAME D
STREET ADDRESS MEGRATH, ALLISON
CITY-ST-ZIP 4245 148 TERR NORTH
LOXAHATCHEE FL 33470

TITLE ☒ Delete
NAME D
STREET ADDRESS SCHMIDT, JON
CITY-ST-ZIP 727 PARK PLACE
WEST PALM BEACH FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

Allison Megrath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 561-313-2323

CR2E034 (9/99)