

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90044 023 ***150.00

DOCUMENT # S15641

1. Entity Name

UROCORP, INC.

Principal Place of Business

**400 E. 56TH STREET
NEW YORK NY 10022**

Mailing Address

**400 E. 56TH STREET
NEW YORK NY 10022**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0268914**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**O'NEIL, KEVIN MD
3920 BEE RIDGE ROAD
SARASOTA FL 34233**

Name **Roger Fried**

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

17184 White Haven Drive

City **Boca Raton**

FL

Zip Code **33496**

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 **Roger Fried**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **PT** ☒ Delete
NAME **O'NEIL, KEVIN MD**
STREET ADDRESS **3920 BEE RIDGE ROAD**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D** ☐ Change ☐ Addition
NAME **Roger Fried**
STREET ADDRESS **17184 White Haven Drive**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **VS** ☐ Delete
NAME **BLAVAS, JERRY MD**
STREET ADDRESS **400 E 56TH STREET**
CITY-ST-ZIP **NEW YORK NY 10022**

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

TITLE ☐ Delete
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: **Jerry Blavas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

Daytime Phone #

CR2E034 (10/00)