


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008 08:00 AM
Secretary of State

DOCUMENT # S15641	
1. Entity Name UROCORP, INC.	

Principal Place of Business 445 E 77TH ST NEW YORK, NY 10021	Mailing Address 445 E 77TH ST NEW YORK, NY 10021
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DO NOT WRITE IN THIS SPACE



05302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0268914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRIED, ROGER 17184 WHITE HAVEN DRIVE BOCA RATON, FL 33496	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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAIVAS, JERRY MD 445 E 77TH ST NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIED, ROGER 17184 WHITE HAVEN DRIVE BOCA RATON, FL 33496
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**DO NOT WRITE
IN THIS SPACE**

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07/22/08-80010-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

6/2/08 212-772-3900

Date

Daytime Phone #