

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90066 003 ***550.00

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
445 E 77th St

3. Mailing Address
445 E 77th St

Suite, Apt. #, etc.
ny ny

Suite, Apt. #, etc.

City & State
ny ny

City & State
ny ny

Zip
10021

Country
USA

Zip
10021

Country
USA

4. FEI Number **65-0268914**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRIED, ROGER
17184 WHITE HAVEN DRIVE
BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

8/19/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ Delete
NAME **FRIED, ROGER**
STREET ADDRESS **17184 WHITE HAVEN DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **BLAVAS JERRY MD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **445 E 77th St**
CITY-ST-ZIP **ny ny 10021**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/03

212 3086565

Date

Daytime Phone #

CR2E034 (4/03)