

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90020 035 \*\*\*150.00

**DOCUMENT # S84996**

1. Entity Name  
**URYS CORPORATION**

Principal Place of Business Mailing Address  
**2318 WEST 70TH STREET** **C/O AKERMAN SENTERFITT**  
**HIALEAH FL 33016** **1 SE 3 AVENUE, 28 FL**  
**US** **MIAMI FL 33131**  
**US**

**643916**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0310462</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>AMERICAN INFORMATION SERVICES</b> <b>1 SE 3RD AVENUE</b> <b>28TH FLOOR</b> <b>MIAMI FL 33131</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUIZ, LESMES			NAME			
STREET ADDRESS	2318 WEST 78TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	URIBE, ALBERTO			NAME			
STREET ADDRESS	2318 WEST 78TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	URIBE, YVONNE			NAME			
STREET ADDRESS	2318 WEST 78TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBARRAN, MANUEL			NAME			
STREET ADDRESS	2318 WEST 78TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016			CITY-ST-ZIP			
TITLE	VPCF	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	URREGO, FERNANDO			NAME			
STREET ADDRESS	2318 WEST 78TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUENTES, ALEJANDRO C			NAME			
STREET ADDRESS	2318 WEST 78TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016			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: *[Signature]* **4/16/01** **305-820-1575**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)