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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

V31943

(6)

URPI CORP.

Mailing Address

FILED Mar 31 1998 8:00am Secretary of State



21minod Dr. 1 001 4900

Principal Place of Business C/O GEORGE R. MORAITIS C/O GEORGE R. MORAITIS 915 MIDDLE RIVER DRIVE #506 915 MIDDLE RIVER DRIVE #506 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 3. Date Incorporated or Qualified 04/23/1992 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0324735 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip' Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MORAITIS, GEORGE R. 915 MIDDLE RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 506 83 FT. LAUDERDALE FL 33304 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DVPS DELETE Change Addition 11 TITLE TITLE RIVERA, ALFREDO NAME 1.2 NAME 31 W PALM DRIVE STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE BISSO, GIULIANA CARME NAME 2.2 NAME 31 WEST PALM DR. STREET ADDRESS 2.3 STREET ADDRESS MARGATE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE POMAR, JOSEFINA 3.2 NAME NAME 812 SO OCEAN BLVD 3.3 STREET ADDRESS STREET ADDRESS POMPANO BCH FL CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change __ Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition ☐ DELETE 6.1 TITLE TOLE NAME 6.2 NAME **6.3 STREET ADORESS** STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.