

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000000868

**Entity Name:** URBAN CLASSICS INC.**Current Principal Place of Business:**444 BRICKELL AVE  
#700  
MIAMI, FL 33131**Current Mailing Address:**444 BRICKELL AVE  
SUITE 700  
MIAMI, FL 33131 US**FEI Number:** 81-4912831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALTON NORTH AMERICA INC.  
444 BRICKELL AVENUE  
MIAMI, FL 33131 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                          |
|-----------------|--------------------------|
| Title           | DT                       |
| Name            | KOLLER, BENJAMIN         |
| Address         | 444 BRICKELL AVE<br>#700 |
| City-State-Zip: | MIAMI FL 33131           |

|                 |                          |
|-----------------|--------------------------|
| Title           | D                        |
| Name            | REUSCH, FLORIAN          |
| Address         | 444 BRICKELL AVE<br>#700 |
| City-State-Zip: | MIAMI FL 33131           |

|                 |                            |
|-----------------|----------------------------|
| Title           | S                          |
| Name            | VON EYB, FLORIAN           |
| Address         | 590 MADISON AVE, 6TH FLOOR |
| City-State-Zip: | NEW YORK NY 10022          |

|                 |                       |
|-----------------|-----------------------|
| Title           | VPC                   |
| Name            | GALLER, CHRISTOPH     |
| Address         | 444 BRICKELL AVE #700 |
| City-State-Zip: | MIAMI FL 33131        |

|                 |                       |
|-----------------|-----------------------|
| Title           | P                     |
| Name            | DOERIG, MICHAEL       |
| Address         | 444 BRICKELL AVE #700 |
| City-State-Zip: | MIAMI FL 33131        |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL DOERIG****PRESIDENT****04/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date