

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000006579

**FILED**  
**Jan 31, 2014**  
**Secretary of State**  
**CC8951414435**

**Entity Name:** URBAN ASSISTANCE CORPORATION

**Current Principal Place of Business:**

25 GREYSTONE MANOR  
LEWES, DE 19958

**Current Mailing Address:**

25 GREYSTONE MANOR  
LEWES, DE 19958 US

**FEI Number: 59-3259774**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HAYNES, MICHAEL  
1003 EAST ELLICOTT STREET  
TAMPA, FL 33603 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 D  
Name HAYNES, MICHAEL  
Address PO BOX 450131  
City-State-Zip: FT LAUDERDALE FL 33345

Title CFO  
Name HAYNES, MICHAEL  
Address PO BOX 450131  
City-State-Zip: FT LAUDERDALE FL 33345

Title CPA  
Name SMALL, BERT  
Address 7481 WEST OAKLAND PARK BLVD,  
STE 301  
City-State-Zip: LAUDERHILL FL 33319

Title PRES  
Name HAYNES, MICHAEL A  
Address PO BOX 450131  
City-State-Zip: FT LAUDERDALE FL 33345

Title SEC  
Name HAYNES, MICHAEL  
Address PO BOX 450131  
City-State-Zip: FT LAUDERDALE FL 33345

Title C  
Name HAYNES, MICHAEL  
Address PO BOX 450131  
City-State-Zip: FT LAUDERDALE FL 33345

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL A HAYNES**

**PRESIDENT**

**01/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date