

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 509621

1. Entity Name
METRIC ENGINEERING INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90109 017 ***158.75

Principal Place of Business Mailing Address
13940 SW 136TH ST 13940 SW 136TH ST
SUITE 200 SUITE 200
MIAMI FL 33186 MIAMI FL 33186-5541
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1685550		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
BENITEZ, VICTOR M. 8700 S.W. 124TH ST. MIAMI FL 33176				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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENITEZ, VICTOR M.	NAME	CAULEY, DOUGLAS K.
STREET ADDRESS	8700 SW 124TH ST	STREET ADDRESS	1058 Clayton Road
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Chipley FL 32428
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TELLECHEA, LUIS	NAME	ANDERSON, WILLIAM V.
STREET ADDRESS	11790 SW 27TH ST	STREET ADDRESS	1026 Ward Circle
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Oviedo, FL 32765
TITLE	SD.V. <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENITEZ, MANUEL	NAME	BURNETT, MICHAEL
STREET ADDRESS	15216 SW 164 ST	STREET ADDRESS	912 Spring Valley Road
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGES, WILLIAM R	NAME	PEREZ, NELSON
STREET ADDRESS	2634 FALLBROOK DR	STREET ADDRESS	1950 S.W. 123rd Court
CITY-ST-ZIP	OVIEDO FL	CITY-ST-ZIP	Miami, FL 33175
TITLE	V <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRIGGS, RAUL	NAME	BENITEZ, SILVIA S.
STREET ADDRESS	11535 S.W. 77TH AVE.	STREET ADDRESS	14920 S.W. 167th Street
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, FL 33187
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YATES, MURRAY S.	NAME	DUART, CARLOS A.
STREET ADDRESS	3566 COCOPLUM CIRCLE	STREET ADDRESS	14491 S.W. 161st Street
CITY-ST-ZIP	COCONUT CREEK FL	CITY-ST-ZIP	Miami, FL 33177

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 REQUIRED 2-15-00 (305) 235-5098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)