FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90239 029 ***150.00

DOCUMENT # M02581

1. Entity Name
United Metals International

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
260 Crandon Blvd #52	PO BOX 530
Suite, Apt. #, etc. PO BOX 530	Suite, Apt. #, etc.
City & State Miami Fl	City & State Key Biscayne Fl
Zip 33149 Country USA	Zip 33149 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650012756 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name DE LA CRUZ, LUIS F., JR.

Street Address (P.O. Box Number is Not Acceptable)
300 SEVILLA AVENUE SUITE 313

City CORAL GABLES FL Zip Code 33134

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	LORIDO, RAMONS.	NAME	
STREET ADDRESS	881 OCEAN DRIVE TH2	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	LORIDO, MARIA A.	NAME	
STREET ADDRESS	881 OCEN DRIVE TH2	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	LORIDO, JOSE R.	NAME	
STREET ADDRESS	600 GRAPE TREE DR #GGN	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/23/02 305 361 6624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #