

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90063 042 ***163.75

DOCUMENT # P0000085768

1. Entity Name
METROSURF INTERNATIONAL, INC.

Principal Place of Business 5429 THURSTON AVENUE LAKE WORTH FL 33463	Mailing Address 5429 THURSTON AVENUE LAKE WORTH FL 33463
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1038587**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, LEROY
5429 THURSTON AVENUE
LAKE WORTH FL 33463

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	STEWART, LEROY	
CITY-ST-ZIP	5429 THURSTON AVENUE	
	LAKE WORTH FL 33463	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STEWART, LEROY A.	
CITY-ST-ZIP	5429 THURSTON AVE	
	LAKE WORTH FL 33463	
TITLE NAME	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	POWELL, ROGER L.	
CITY-ST-ZIP	LOT 17 HENRY MORGAN BLVD.	
	PORT ROYAL, JAMAICA W.I.	
TITLE NAME	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	WINSOME C. HYATT	
CITY-ST-ZIP	12 OAKLAND AVE.	
	PASSAGE FORT GREGORY PARK P.O.	
	ST. CATHERINE, JAMAICA W.I.	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Leroy A. Stewart → **LEROY A. STEWART** 1-23-01 561-641-9902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0319633

CR2E034 (10/00)