

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90150 004 \*\*\*158.75

**DOCUMENT # P00000085768**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**P.O. Box 541744**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**LAKE WORTH - F**

City & State

City & State

4. FEI Number

**65-1038587**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33454**

**PALM BEACH**

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

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)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	STEWART, LEROY	5429 THURSTON AVENUE	LAKE WORTH FL 33463	<input type="checkbox"/>
DV	POWELL, ROGER L	LOT 17 HENRY MORGAN BLVD PORT ROYAL	KINGSTON, JAMAICA WI	<input type="checkbox"/>
DS	HYATT, WINSOME C	12 OAKLAND AVE PASSAGE PORT	ST CATHERINE JAMAICA WI	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4.25.01* 561 670 3236  
 Date Daytime Phone #

CR2E034 (9/01)