

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90860 047 ***150.00

DOCUMENT # P02000097828

1. Entity Name

META WAREHOUSE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

245 S.E. 1ST STREET

Suite, Apt. #, etc.

SUITE 316

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

3. Mailing Address

999 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 715

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

61-1425667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name JOSE I. PADIAL

Street Address (P.O. Box Number is Not Acceptable)

999 PONCE DE LEON BLVD, SUITE 715

City CORAL GABLES

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
VICTORINO B. VILA
245 S.E. 1ST STREET, SUITE 316
MIAMI FLORIDA 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
ROBERTONO M. SOCORRO
245 S.E. 1ST STREET, SUITE 316
MIAMI FLORIDA 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
EDUARDO J. GALLINDO
245 S.E. 1ST STREET, SUITE 316
MIAMI FLORIDA 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
RICARDO A. MARQUES
245 S.E. 1ST STREET, SUITE 316
MIAMI FLORIDA 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
LUIS A. PEGO
245 S.E. 1ST STREET, SUITE 316
MIAMI FLORIDA 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
PAULO H. ARAUJO
245 S.E. 1ST STREET, SUITE 316
MIAMI FLORIDA 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/03

Date

Daytime Phone #

CR2E034B (12/02)