

2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90010 029 \*\*\*150.00

**DOCUMENT # P94000080331**  
 1. Entity Name  
**VIP SECURITY PARKING, INC.**

Principal Place of Business <b>235 LINCOLN ROAD SUITE 202 MIAMI BEACH, FL 33139 USA</b>	Mailing Address <b>235 LINCOLN ROAD SUITE 202 MIAMI BEACH, FL 33139 USA</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>6441 SW 21ST STREET</b> Suite, Apt. #, etc.
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City & State <b>WEST MIAMI, FL</b>	City & State <b>WEST MIAMI, FL</b>
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Zip <b>33155</b>	Country <b>USA</b>	4. FEI Number <b>65-0648371</b> <b>65-0548371</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**METRAL, RICARDO**  
**235 LINCOLN ROAD**  
**SUITE 201**  
**MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent  
 Name  
**JOHNNY TSIMOGIANNIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6441 SW 21ST STREET**  
 City  
**WEST MIAMI** FL Zip Code  
**33155**

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  **JOHNNY TSIMOGIANNIS** **04/28/00**  
 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, 2000 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	<b>PD</b> <b>METRAL, RICARDO</b> <b>235 LINCOLN RD #201</b> <b>MIAMI BEACH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>METRAL, RICARDO A.</b> <b>235 LINCOLN RD, STE 202</b> <b>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>METRAL, BEATRICE</b> <b>235 LINCOLN RD #201</b> <b>MIAMI BEACH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>METRAL, BEATRIZ L.</b> <b>235 LINCOLN RD, STE 202</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>METRAL, RICARDO, JR</b> <b>235 LINCOLN RD #201</b> <b>MIAMI BEACH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>METRAL, RICARDO J.</b> <b>235 LINCOLN RD, STE 202</b> <b>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>METRAL, RODOLFO</b> <b>235 LINCOLN RD #201</b> <b>MIAMI BEACH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>RODOLFO I.</b> <b>235 LINCOLN RD, STE 202</b> <b>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **RICARDO J METRAL, DIRECTOR** **04/28/00** **305-538-5902**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)