

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90032 016 ***150.00

DOCUMENT # P99000051760

1. Entity Name
METAL GROUP ASSOCIATES, INC.

Principal Place of Business 14630 ASHLAND PLACE DAVIE FL 33325	Mailing Address 14630 ASHLAND PLACE DAVIE FL 33325
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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 **65-0925084**

Applied For
 Not Applicable

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

**ROLDAN, OSCAR J
 14630 ASHLAND PLACE
 DAVIE FL 33325**

Name **FELIX A. ALVAREZ**
 Street Address (P.O. Box Number is Not Acceptable)
15090 SW 20th St.
 City **DAVIE FL 33325**

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 *Oscar J. Roldan* DATE 041502
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete
 NAME **ROLDAN, OSCAR J**
 STREET ADDRESS **14630 ASHLAND PLACE**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE Change Addition
 NAME **VICE-PRESIDENT**
 STREET ADDRESS **GINA M. ALVAREZ**
 CITY-ST-ZIP **15090 SW 20th St. DAVIE, FL 33326**

TITLE Delete
 NAME **ALVAREZ, FELIX A**
 STREET ADDRESS **15090 SW 20 STREET**
 CITY-ST-ZIP **DAVIE FL 33326**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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: *Oscar J. Roldan* DATE 041502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR29034 (9/01)