

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**  
 05-11-2000 90278 039 \*\*\*150.00

DOCUMENT # **p990000 80983**  
 1. Entity Name  
**METROCENTRE CORPORATE PARTNERS GP, INC.**

**950377**

DO NOT WRITE IN THIS SPACE

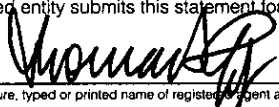
Principal Place of Business Mailing Address  
**5488 Pennock Pointe Road** **same**  
**Jupiter, FL 33458**

2. Principal Place of Business 3. Mailing Address  
**5488 Pennock Pt. Road** **same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Jupiter** **"**  
 City & State City & State  
**Jupiter FL** **"**  
 Zip Country Zip Country  
**33458** **US** **"** **"**

4. FEI Number Applied For  
**65-0950867** Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Richard Cherry**  
**1665 Palm Beach Lakes Blvd #600**  
**West Palm Beach, FL 33401**

7. Name and Address of New Registered Agent  
 Name **Thomas A. Getz**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5488 Pennock Pointe Road**  
 City **Jupiter** FL Zip **33458**

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  DATE **4/24/00**  
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, 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

TITLE	<b>President &amp; Director</b>	<input type="checkbox"/> Delete
NAME	<b>Thomas A. Getz</b>	
STREET ADDRESS	<b>5488 Pennock Pointe Road</b>	
CITY-ST-ZIP	<b>Jupiter FL 33458</b>	
TITLE	<b>VP &amp; Director</b>	<input type="checkbox"/> Delete
NAME	<b>Brid Clifton</b>	
STREET ADDRESS	<b>5506 Pennock Pointe Road</b>	
CITY-ST-ZIP	<b>Jupiter FL 33458</b>	
TITLE	<b>Sec + Director</b>	<input type="checkbox"/> Delete
NAME	<b>Randy Webb</b>	
STREET ADDRESS	<b>31 River Drive</b>	
CITY-ST-ZIP	<b>Tegucigalpa PL 33469</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:  DATE **4/24/00** DAYTIME PHONE # **561-683-6130**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)