

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000000098**

1. Entity Name

METRO TRADING, INC.**FILED**
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90771 003 ***158.75

Principal Place of Business **Mailing Address**

245 N OCEAN BLVD **245 N OCEAN BLVD**
SUITE 204 **SUITE 204**
DEERFIELD BEACH FL 33441 **DEERFIELD BEACH FL 33441**

L001303J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3893705**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

VITTOR, GREG T
245 N OCEAN BLVD
SUITE 204
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name **CHRISTOPHER C. TAVARES**Street Address (P.O. Box Number is Not Acceptable)
1875 SW 17th STREETCity **BOCA RATON****FL**Zip Code
33486

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)

1/16/2000
DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **VITTOR, GREG T**
STREET ADDRESS **1930 SW 7TH AVENUE**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Principal Christopher C. Tavares**
STREET ADDRESS **1875 SW 17th STREET**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAVARES**1/16/2000**
Date**(954) 574-0400**
Daytime Phone #

CR2E034 (10/00)