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	3. Mailing Address
245 S.E. 1ST STREET	999 PONCE DE LEON BLVD
Suite, Apt. #, etc.: SUITE 316	Suite, Apt. #, etc.: SUITE 715
City & State: MIAMI, FLORIDA	City & State: CORAL GABLES, FLORIDA
Zip: 33131 Country: USA	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

DO NOT WRITE IN THIS SPACE

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

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

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

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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: _____ 2/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #