

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90447 007 \*\*\*550.00

**DOCUMENT # 478486**

1. Entity Name

**METRO SALES AND LEASING, INC.**

Principal Place of Business

12805 N.W. 42ND AVENUE  
 OPA LOCKA FL 33054

Mailing Address

12805 N.W. 42ND AVENUE  
 OPA LOCKA FL 33054

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

**59-1596930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ALTERMAN, JOHN**  
**C/O METRO SALES & LEASING, INC**  
**12805 NW 42ND AVE**  
**OPA LOCKA FL 33054**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

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, 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

TITLE	VSD	Delete
NAME	ALTERMAN, RICHARD	
STREET ADDRESS	12805 N.W. 42ND AVE.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALTERMAN, SIDNEY	
STREET ADDRESS	12805 NW 42ND AVE	
CITY-ST-ZIP	OPA LOCKA, FL 00000 33054	
TITLE	VTD	Delete
NAME	ALTERMAN, JOHN	
STREET ADDRESS	12805 NW 42ND AVE	
CITY-ST-ZIP	OPA LOCKA, FL 00000 33054	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROARK, VERNON	
STREET ADDRESS	12805 NW 42ND AVE	
CITY-ST-ZIP	OPA LOCKA, FL 00000 33054	
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	S. ROY LIVICNI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12805 NW 42ND AVE	
STREET ADDRESS	OPA LOCKA, FL 33054	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)