

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 564155

1. Entity Name

MET CONSTRUCTION, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90029 033 ***150.00

Principal Place of Business

Mailing Address

406 N W 54TH ST
MIAMI FL 33127

406 N W 54TH ST
MIAMI FL 33127-1922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1787884

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GLASSER, GARY S PA
19 W. FLAGLER ST.
STE 1400
MIAMI FL 33130

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME THRELKELD, MAJOR E JR
STREET ADDRESS 1714 FLECHER
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

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

TITLE D
NAME THRELKELD, MAJOR JR.
STREET ADDRESS 1714 FLETCHER ST.
CITY-ST-ZIP HOLLYWOOD FL 33020 ☒ Delete

TITLE V/D
NAME MAJOR E. THRELKELD SR
STREET ADDRESS 498 NE 50TH AVE
CITY-ST-ZIP Miami FL 33137 ☒ Change ☐ Addition

TITLE STD
NAME THRELKELD, BETTY JO
STREET ADDRESS 498 NE 50TH TERRACE
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
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CITY-ST-ZIP ☐ Delete

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

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: Betty Jo Threlkeld Betty Jo Threlkeld 3-13-00 305/7579504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)