

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 654097

1. Entity Name

METROLIMO, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90059 023 \*\*\*150.00

Principal Place of Business

Mailing Address

1995 NE 142ND ST  
N MIAMI FL 33181

ONE RIVERWAY  
STE 500  
HOUSTON TX 77056-1921  
US

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

59-2003809

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

TITLE	DVPC	<input checked="" type="checkbox"/> Delete
NAME	CERNY, DOUGLAS M	
STREET ADDRESS	ONE RIVERWAY, STE 500	
CITY-ST-ZIP	HOUSTON TX 77056-1903	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ZILBER, MARTIN	
STREET ADDRESS	1995 NE 142 ST.	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERCADANTE, JOHN J	
STREET ADDRESS	ONE RIVERWAY, STE 500	
CITY-ST-ZIP	HOUSTON TX 77056-1903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, LAWRENCE	
STREET ADDRESS	ONE RIVERWAY, STE 500	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	ACS	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, STEPHANIE	
STREET ADDRESS	ONE RIVERWAY, STE 500	
CITY-ST-ZIP	HOUSTON TX 77056-1903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert E. Longo	
STREET ADDRESS	One Riverway, Ste 500	
CITY-ST-ZIP	HOUSTON, TEXAS 77056	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory Upham	
STREET ADDRESS	One Riverway, Ste 500	
CITY-ST-ZIP	HOUSTON, TEXAS 77056	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Burtwistle	
STREET ADDRESS	One Riverway, Ste 500	
CITY-ST-ZIP	HOUSTON, TEXAS 77056	
TITLE	D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank P. Gallagher	
STREET ADDRESS	One Riverway, Ste 500	
CITY-ST-ZIP	HOUSTON, TEXAS 77056	
TITLE	ACS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shayne A. Rosecrans	
STREET ADDRESS	One Riverway, Ste 500	
CITY-ST-ZIP	HOUSTON, TEXAS 77056	
TITLE	ACS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Sanchez	
STREET ADDRESS	One Riverway, Ste 500	
CITY-ST-ZIP	HOUSTON, TEXAS 77056	

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:

*Shayne A. Rosecrans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

Date

713-860-1764

Daytime Phone #

CR2E034 (9/99)