

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000001977**1. Entity Name
METROPOLITAN COMMERCIAL PROPERTY LTD. CORP.

Principal Place of Business

128 DORRANCE STREET
SUITE 500
PROVIDENCE
02903

RI

Mailing Address

128 DORRANCE STREET
SUITE 500
PROVIDENCE
02903

RI

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

05-0480176

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

SALVADORE FRANCES E
801 LAKE SHORE DR
SUITE 511
LAKE PARK
33403

FL

US

7. Name and Address of New Registered Agent

Name

SALVADORE SANDRA A

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

750 OCEAN ROYALE WAY

#802

City

JUNO BEACH

FL

Zip Code
33408

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 **SANDRA A. SALVADORE, CCIM**

04/26/2001

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, 2001 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	VST	<input type="checkbox"/> Delete
NAME	SALVADORE SANDRA A	
STREET ADDRESS	128 DORRANCE STREET SUITE 500	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	CVDP	<input type="checkbox"/> Delete
NAME	SALVADORE SANDRA A	
STREET ADDRESS	128 DORRANCE STREET SUITE 500	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<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	
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: Sandra A. Salvadore, CCIM

Ms.

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)