

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003466 ✓  
 1. Entity Name  
 Metropolitan Mortgage Services INC.

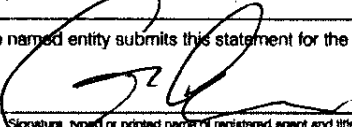
**FILED**  
 Jun 08, 2001 8:00 am  
 Secretary of State

06-08-2001 90162 040 \*\*\*150.00

554206

DO NOT WRITE IN THIS SPACE

Principal Place of Business 596 ANDERSON AVE CLIFFSIDE PK N.J. 07010 Suite 104		Mailing Address	
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 22-3225654		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GERALD CALABRESE 620 ANDERSON AVE CLIFFSIDE PK N.J. 07010		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  108 EAST CORAL FISH LANE JUPITER FLORIDA 32302-1500 5/1/01 (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) - <input type="checkbox"/>	<b>FILE NOW!!</b> After MAY 1, 2001 Fee will be \$850.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. PRESIDENT OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Anthony CARREIRA <input type="checkbox"/> Delete 137 CHARLOTTE PL ENGLEWOOD CLIFFS NJ 07632	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GERALD CALABRESE <input type="checkbox"/> Delete Vice PRES 620 ANDERSON AVE CLIFFSIDE PK N.J. 07010	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY William CUNNIS <input type="checkbox"/> Delete 70 TERRACE ST HAWORTH N.J. 07641	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Anthony P. CARREIRA 5/1/01 945.4545

CR2E034 (11/00)