

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90094 046 \*\*\*558.75

**DOCUMENT # F01000000287**

1. Entity Name

**METROPOLITAN INTERPRETERS & TRANSLATORS, INC.**

Principal Place of Business

8405 N.W. 53RD STREET, SUITE B-116  
 MIAMI FL 33166

Mailing Address

8405 N.W. 53RD STREET, SUITE B-116  
 MIAMI FL 33166

80138405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 EAST 42ND ST

3. Mailing Address

110 EAST 42ND STREET

Suite, Apt. #, etc.

SUITE 802

Suite, Apt. #, etc.

SUITE 802

City & State

NEW YORK NY

City & State

NEW YORK, N.Y.

Zip

10017-5611

Country

USA

Zip

10017-5611

Country

USA

4. FEI Number

13-3759052

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PSCD  
 HERFIELD, STEVEN  
 110 EAST 42ND STREET, SUITE 802  
 NEW YORK NY 10017 ☐ Delete

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

TITLE  
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 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02

Date

(212) 983-6060

Daytime Phone #

CR2E034 (4/02)