

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90087 032 ***150.00

0148584 AB

DOCUMENT # F01000001120

1. Entity Name
METILINX, INC.



Principal Place of Business
**999 BAKER WAY
SUITE 410
SAN MATEO CA 94404
US**

Mailing Address
**999 BAKER WAY
SUITE 410
SAN MATEO CA 94404
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 **95-4772272**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERRERA, ANABEL
5757 BLUR LAGOON DR., STE 190
MIAMI FL 33126**

Name **Robert MANNING**
Street Address (P.O. Box Number is Not Acceptable)
5757 BLUR LAGOON DRIVE, STE 300
City **MIAMI** FL Zip Code **33126**

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
COLLAZO, CARLOS M
999 BAKER WAY SUITE 410
SAN MATEO CA 94404** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
PARK, NEIL
1670 S AMPHLETT BLVD., STE 300
SAN MATEO CA** ☐ Delete

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert F. Manning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/03 786-388-4520
ROBERT F. MANNING

CR2E034 (4/03)

Attachment

MetiLinx
80139028
FD/0000001120

July 18, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee FL 32302-1500

RE: MetiLinx
Document # F01000001120

Dear Sirs:

This letter services notice that MetiLinx has not received prior notice of the 2003 Uniform Business Report and requests waiver of the late fee.

Enclosed are the original signed document and a check in the amount of \$150 for filing and supplemental corporate fees.

If more information is needed, please call me at 650.292.9200

Sincerely,

MetiLinx



Louis Gutierrez
Director of Administration

MetiLinx Inc.

999 Baker Way, Suite 410, San Mateo, CA 94404

P: 888.399.LINX (5469)

F: 650.286.9100

www.metlinx.com