

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91512 021 ***150.00

DOCUMENT # **FF65038**

1. Entity Name
MEDLEY METALS CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1840 W 49th. St.

3. Mailing Address
P.O. BOX 22187

Suite, Apt. #, etc.
309

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH, FL

City & State
HIALEAH, FL

4. FEI Number
59-2204323

Applied For
Not Applicable

Zip
33012

Country
USA

Zip
33002

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **WILLIAM DE LA Riestra**

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

6510 MIAMI LAKEWAY SO.

City **MIAMI LAKES**

FL

Zip Code
33014

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM DE LA Riestra 6510 MIAMI LAKEWAY SO MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PATRICIA DE LA Riestra 6510 MIAMI LAKEWAY SO MIAMI LAKES, FL 33014
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with a title like empowered.

SIGNATURE:

WILLIAM DE LA Riestra

4/19/02

305-558-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)