

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-22-2000 90083 034 ***158.00

DOCUMENT # F88004

1. Entity Name

METROPOLIS TRAVEL, INC.

Principal Place of Business

**2540 WN 29TH AVENUE
 MIAMI FL 33142**

Mailing Address

**2540 WN 29TH AVENUE
 MIAMI FL 33142**

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

59-2218223

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MARTOS, HUMBERTO
 2540 N.W. 29TH AVE.
 MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name **MARTOS, YOLANDA**
 Street Address (P.O. Box Number is Not Acceptable)
2540 N.W. 29TH AVENUE
 City **MIAMI** FL Zip Code **33142**

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]

6/12/00

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MARTOS, HUMBERTO	
STREET ADDRESS	2540 N.W. 29TH AVE.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARTOS, YOLANDA	
STREET ADDRESS	2540 N.W. 29TH AVE.	
CITY-ST-ZIP	MIAMI FL 33142	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOLANDA MARTOS	
STREET ADDRESS	2540 N.W. 29TH AVENUE	
CITY-ST-ZIP	MIAMI, FL. 33142	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTOS HUMBERTO JR.	
STREET ADDRESS	2540 N.W. 29TH AVENUE	
CITY-ST-ZIP	MIAMI, FL. 33142	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Belhém M. Chacon	
STREET ADDRESS	2540 N.W. 29th Avenue	
CITY-ST-ZIP	Miami, FL 33142	
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 information.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 **305-635-1047**
 Date Daytime Phone #

CREW4 (03/97)