

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002853

1. Entity Name

METRO JV, INC.

Principal Place of Business

520 BROAD ST.  
NEWARK NJ 07102

Mailing Address

520 BROAD ST.  
NEWARK NJ 07102-3111

2. Principal Place of Business

550 BROAD STREET

3. Mailing Address

550 BROAD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEWARK, NJ 07102

City & State

NEWARK, N.J.

4. FEI Number

22-3282833

Applied For

Not Applicable

Zip

07102

Country

U.S.A.

Zip

07102

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, MICHAEL S		NAME	
STREET ADDRESS	520 BROAD ST.		STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07102		CITY-ST-ZIP	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONY, MARK		NAME	
STREET ADDRESS	520 BROAD ST.		STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07102		CITY-ST-ZIP	
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, THOMAS L		NAME	
STREET ADDRESS	520 BROAD ST.		STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07102		CITY-ST-ZIP	
TITLE	DTV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOHLRAB, ERIC		NAME	
STREET ADDRESS	520 BROAD STREET		STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ		CITY-ST-ZIP	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOERBER, JAY A		NAME	
STREET ADDRESS	520 BROAD ST.		STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07102		CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPITELLO, YVONNE M.		NAME	
STREET ADDRESS	520 BROAD ST.		STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ		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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

973-848.2215

Daytime Phone #

CR2E034 (9/99)