

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90081 015 ***150.00

DOCUMENT # F94000002853
 1. Entity Name **METRO JV, INC.**

Principal Place of Business Mailing Address
550 Broad Street
Newark, NJ 07102-4517

2. Principal Place of Business 3. Mailing Address
550 Broad Street **550 Broad Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Newark, NJ **Newark, NJ**
 Zip Country Zip Country
07102 **USA** **07102** **USA**

4. FEI Number Applied For
22-3282833 Not Applicable

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

6. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
 Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

DTV ☐ Delete
 TITLE NAME **Eric Wohlrab**
 STREET ADDRESS **550 Broad Street**
 CITY-ST-ZIP **Newark, NJ 07102-4517**
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
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 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: Eric P. Wohlrab **ERIC P. WOHLRAB** 3/22/01 973-848-2215
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)