

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91034 041 ***150.00

0262447 AV

DOCUMENT # G99711

1. Entity Name
METRO BUILDERS OF MIAMI, INC.



Principal Place of Business
5939 S.W. 16TH TERRACE
MIAMI FL 33155

Mailing Address
5939 S.W. 16TH TERRACE
MIAMI FL 33155

2. Principal Place of Business
4990 S.W. 72 Ave.

3. Mailing Address
445 Aledo Ave

Suite, Apt. #, etc. #103

Suite, Apt. #, etc.

City & State
MIAMI

City & State
CORAL GABLES, FL

Zip
33155

Country
USA

Zip
33134

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2384286

Applied For
☐ Not Applicable

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

AGUILAR, RICHARD
757 N.W. 27TH AVENUE
SUITE 204
MIAMI FL 33125

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. 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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|---------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ZALDIVAR, RAMON | |
| STREET ADDRESS | 445 ALEDO AVE. | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BRAVO, MARIO | |
| STREET ADDRESS | 14250 S.W. 68 ST. | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | Director | <input type="checkbox"/> Delete |
| NAME | Enrique Bassas | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|-----------------------|---------------------|--|
| 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 | | |
| TITLE | OFFICER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ENRIQUE BASSAS | |
| STREET ADDRESS | 420 N.W. 132 Avenue | |
| CITY-ST-ZIP | MIAMI, FL 33132 | |
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Vicente Fernandez | |
| STREET ADDRESS | 612 S.W. 31 ave | |
| CITY-ST-ZIP | MIAMI, FL 33135 | |
| 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 | | |

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: REDACTED **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

Date

786-229-3203

Daytime Phone #

CR2E034 (10/02)