

2002 UNIFORM BUSINESS REPORT (UBR)

8908990
N

DOCUMENT # J31904
 1. Entity Name
METRO (FLORIDA) GENERAL PARTNER INC.

FILED
 02 FEB 22 AM 10:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
20 QUEEN ST.,WEST **C/O DOUG MAREK**
SUITE 2106 **20 QUEEN ST W, SUITE #2100**
TORONTO, ONTARIO CANADA M5H -3R3 **TORONTO, ONTARIO CA M5H-3-3**

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 Applied For
58-1695539 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	O'GALLAGHER, MICHAEL	
STREET ADDRESS	20 QUEEN ST.,WEST	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5H -3R3	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	ALBERGA, GUY	
STREET ADDRESS	20 QUEEN ST.,WEST	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5H -3R3	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MERRILL, BRENT	
STREET ADDRESS	20 QUEEN ST.,WEST	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5H -3R3	
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		<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		<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		

400005044384--1
-03/05/02--01059--015
*****876.85 ***150.00**

[Handwritten Signature]

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**
 Date _____ Daytime Phone # _____

CR2E034 (9/01)