

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K78473

1. Entity Name

METROPOLITAN REALTY GROUP, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90109 002 ***150.00

Principal Place of Business

Mailing Address

% DONNA MAE GUNDERSON
1638 S.E. 40TH TERRACE
CAPE CORAL FL 33904

% DONNA MAE GUNDERSON
P.O. BOX 37
CAPE CORAL FL 33910-0029
US

2. Principal Place of Business

1121 S.W. 45TH ST.

3. Mailing Address

P.O. Box 100037

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FL.

City & State
CAPE CORAL, FL.

4. FEI Number 65-0120416

Applied For
Not Applicable

Zip
33914

Country
USA

Zip
33910

Country
USA

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

GUNDERSON, DONNA MAE
1638 S.E. 40TH TERRACE
CAPE CORAL FL 33904

Name
GUNDERSON, DONNA MAE

Street Address (P.O. Box Number is Not Acceptable)
1121 SW 45TH ST.

City
CAPE CORAL

FL

Zip Code
33914

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 Donna Mae Gunderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-7-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GUNDERSON, DONNA MAE
1638 S.E. 40TH TERRACE
CAPE CORAL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T/S/D/C
GUNDERSON, DONNA MAE
1121 SW 45TH ST
CAPE CORAL, FL. 33914 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: Donna Mae Gunderson Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

DATE

941-549-4221

Daytime Phone #

CR2E034 (9/99)