CR2E034 (10/00

Addition

## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2001 8:00 am **DOCUMENT # L38149 Secretary of State** 1. Entity Name METRO PARKING, INC. 02-08-2001 90048 021 \*\*\*150.00 Principal Place of Business Mailing Address % RODNEY BARRETO PO BOX 161469 812779 MIAMI FL 33116 MIAMI FL 33176 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0164485 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARRETO, RODNEY Street Address (P.O. Box Number is Not Acceptable) 9250 SW 104TH ST **MIAMI FL 33176** Zip Code City 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, 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. TITLE TITLE ☐ Delete NAME BARRETO, RODNEY NAME STREET ADDRESS STREET ADDRESS 9250 SW 104TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director te this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if empowered. indicated on this report or supplied with this filing indicated on this report or supplemental report is true and a of the corporation or the receiver or trustee ampowered to changed, or on an attachment with I hereby certify that the information indicated on this report or supplem loes mpowered to e with all other

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

Barreto