

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001252

1. Entity Name

METROPOLITAN CONSTRUCTION SERVICES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3220 MONET DRIVE W. 3220 MONET DRIVE W.
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-0717543 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIPPER, IRWIN W
3220 MONET DR W
PALM BEACH GARDENS FL 33410

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MEM SHIPPER, IRWIN 3220 MONET DRIVE W. PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MEM SHIPPER, DAVID 3220 MONET DRIVE W. PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHIPPER, IRWIN W 8/1/00 561 624 5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)