## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 19, 2001 8:00 am Secretary of State

| DOCUMENT # M52968  1. Entity Name  METRO EQUIPMENT SERVICE, INC.                                      |   |  |  |  | Secretary of State 01-19-2001 90099 019 ***158.75               |                           |                           |  |
|---|---|--|--|--|---|---------------------------|---------------------------|--|
| Principal Place of Business  1840 W. 49 ST #603-2 HIALEAH FL 33012 US  2. Principal Place of Business |   | Mailing Address  1840 W. 49 ST #603-2 HIALEAH FL 33012 US  3. Mailing Address 7450 SWSET JR. |  |  |   |                           |                           |  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.  |  | •——                                      | DO NOT WRITE  | IN THIS SPACE             |                           |  |
| City & State  |   | City & State   |  |  | 4. FEI Number 65-0010248 Applied For                            |                           |                           |  |
| MTAN<br>3317  |   | MIAME, I   | Country                                  |  | 5. Certificate of Status Desired                                | N \$8.75 Ad               | ot Applicable<br>ditional |  |
| 3317  | 6. Name and Address of Current R  | 33/73<br>egistered Agent   | USA                                      |  | 7. Name and Address of New Re                                   | Fee Require               | id                        |  |
| 1840  | 00Y, JORGE LUIS<br>0 W. 49 ST #602-2<br>EAH FL 33012  |  | Si                                       | ame Jok Grante Livest Address (P. 94.50) | O. Box Number is Not Acceptable.                                | # 110                     |                           |  |
| SIGNATURE .   | e named entity submits this statement for   | 7 Joka<br>Little if applicable. (N   | its registered o                         | ffice or registere                       |   | <u> </u>                  |                           |  |
| Tax filing (  |   | After MAY 1, 2   | able to Depar                            | be \$550.00                              |   | Adde                      | May Be d to Fees          |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | PST GODOY, JORGE L. 1840 W. 49 ST #603-2 HIALEAH FL 33012   | Delete   | TITLE NAME STREET AD CITY-ST-Z           | DRESS 9450                               | ADDITIONS/CHANGES TO OFFICE  JUNETABLYE FOR STATE  ME, FL 33173 | M Channe                  | Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete   | TITLE<br>NAME<br>STREET AD<br>CITY-ST-Z  |  | <u> </u>  | ☐ Change                  | Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete   | TITLE NAME STREET ADI CITY-ST-Z          | 1  |   | ☐ Change                  | ☐ Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete   | TITLE<br>NAME<br>STREET ADI<br>CITY-ST-Z | ſ  |   | ☐ Change                  | ☐ Addition                |  |
| TITLE  NAME  STREET ADDRESS.  CITY-ST-ZIP   | Annua   | ☐ Delete   | TITLE NAME STREET ADI                    |  | e or all frances in the   | ☐ Change                  | Addition                  |  |
| TITLE NAME STREET ADDRESS I CITY-ST-ZIP   |   | □ Delete   | TITLE NAME STREET ADI CITY-ST-Z          | DRESS                                    |   | ☐ Change                  | Addition                  |  |
| indicated<br>of the cor   | certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address, with | rue and accurate and tha<br>rered to execute this repo                                       | t my signature s<br>ort as required b    | shall have the sa                        | me legal effect as if made under oa                             | ith; that I am an officer | or director               |  |