

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90046 042 ***150.00

DOCUMENT # M62632

1. Entity Name

METALCO INC.

Principal Place of Business

Mailing Address

C/O FACUNDO T. RODRIGUEZ
 227 E. 49TH STREET
 HIALEAH FL 33013

~~C/O FACUNDO T. RODRIGUEZ~~
~~227 E. 49TH STREET~~
~~HIALEAH FL 33013~~

2. Principal Place of Business

3. Mailing Address

Suite 330

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9990 SW 77 Avenue

City & State

City & State

Miami, FL

Zip

Country

Zip

33156-2699

Country

USA

4. FEI Number

65-0032438

Applied For

Not Applicable

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

~~RODRIGUEZ FACUNDO T~~
~~227 E. 49TH STREET~~
~~HIALEAH FL 33013~~

Name

John A. Margolis

Street Address (P.O. Box Number is Not Acceptable)

9990 S.W. 77 Avenue

Suite 330

City

Miami

FL

Zip Code

33156-26

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P. RODRIGUEZ, FAUNDO T.
 227 E. 49TH ST.
 HIALEAH FL

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Treas./Sec.
 FUENTES, RAUL
 5095 NW 5TH STREET
 MIAMI FL

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V/P Rodriguez, Ciro Luis
 561 B. NE 57th Court
 Ft. Lauderdale, FL 33334

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, 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

2/1/00

305/592-0704

Date

Daytime Phone #