2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M64804 May 10, 2000 8:00 am Secretary of State METRO BUSINESS GROUP, INC. 05-10-2000 90131 014 ***150.00 Mailing Address Principal Place of Business PO BOX 693693 PO BOX 693693 MIAMI FL 33269-0693 MIAMI FL 33269-0693 2. Principal Place of Business 3. Mailing Address 1071 NW 54 Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0037846 Not Applicable Landerdale Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SINGER, LINDA C. Street Address (P.O. Box Number is Not Acceptable) ca gra 2701 S. BAYSHORE DR. STE 305 **COCONUT GROVE FL 33133** 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00-May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PST TITLE ☐ Delete GRAVES, E. GILBERT, JR. NAME NAME 1071 NW 54 STREET STREET ADDRESS STREET ADDRESS 4153 SW 47TH AVE. #102 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL FT. Laududale FI Change Addition TITLE ☐ Detete TITLE GRAVES, E. GILBERT, JR. NAME NAME 1071 NW 54 STIEST STREET ADDRESS STREET ADDRESS 4153 SW 47TH AVE. #102 CITY-ST-7IP FT. Landerdale FL. 33309. CITY-ST-ZIP FT. LAUDERDALE FL Change ☐ Addition ☐ Delete TITLE **GRAVES, LAURYCE** NAME 146 Stirling DR. STREET ADDRESS 2400 JOHNSON AVE. STREET ADDRESS CITY-ST-ZIP brange NJ 07050 CITY-ST-ZIP RIVERDALE NY Addition ☐ Delete TITLE TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED