

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M64804

1. Entity Name

METRO BUSINESS GROUP, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90348 013 ***150.00

Principal Place of Business

1071 NW 54TH ST
FORT LAUDERDALE FL 33309

Mailing Address

PO BOX 693693
MIAMI FL 33269-0693

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0037846

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

SINGER, LINDA C.
2701 S. BAYSHORE DR.
STE 305
COCONUT GROVE FL 33133

Name

Joseph L. Schneider

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

1720 Harrison Street Suite #1820

City

Hollywood

FL

Zip Code
33020

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.

Joseph L. Schneider

4/19/01

(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, 2001 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
PST
GRAVES, E. GILBERT, JR.
1071 NW 54TH STREET
FORT LAUDERDALE FL 33309

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
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GRAVES, E. GILBERT JR
1071 NW 54TH STREET
FORT LAUDERDALE FL 33309

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

TITLE ☐ Delete
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CITY-ST-ZIP
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GRAVES, LAURyce
746 STIRLING DR
ORANGE NJ 07050

TITLE ☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E. Gilbert Graves Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

954 938 0410

Daytime Phone #

CR2E034 (10/00)