## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N02000007032

City-St-Zip:

Entity Name: THE MIAMI METROPOLITAN CLUB, INC.

FILED Apr 30, 2003 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
252 THRE	E ISLANDS BLVD				
203 HALLAND	ALE BEACH, FL 3300	ıQ			
			New Maili	Adduses.	
Current IV	lailing Address:		New Maili	ng Address:	
252 THRE 203	E ISLANDS BLVD				
	ALE BEACH, FL 3300	9			
FEI Number: FEI Number Applied For (X)		ımber Applied For (X)	FEI Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and	Address of Current	Registered Agent:	Name and	Address of I	New Registered Agent:
252 THRE 203	CHARLES E E ISLANDS BLVD ALE BEACH, FL 3300	9 US			
The above in the State	e named entity submits e of Florida.	this statement for the p	ourpose of changing i	ts registered o	office or registered agent, or bo
SIGNATUI	RE:				
	Electronic Signa	ature of Registered Age	ent		Date
OFFICER	S AND DIRECTORS:		ADDITION	IS/CHANGES	TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	P ( ) Delete WALTON, CHARLES E 252 THREE ISLANDS BL HALLANDALE BEACH, F	·	Title: Name: Address: City-St-Zip:	WALTON, CHA 252 THREE IS	() Change ()Addition RLES E LANDS BLVD., #203 BEACH, FL 33009
Title: Name: Address: City-St-Zip:	VP ( ) Delete HOWARD, BARBARA 9456 S.W. 164 COURT MIAMI, FL 33196		Title: Name: Address: City-St-Zip:	P (X HOWARD, BAF 9456 S.W. 164 MIAMI, FL 331	4 COURT
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	D ( HALL, HANK 9441 W. SAMF CORAL SPRIN	•
Title: Name:	( ) Delete		Title: Name:	D ( KENNEDY, CA	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip: LAUDERDALE LAKES, FL 33319

SIGNATURE: CHARLES E WALTON C 04/30/2003