

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

P0000001197

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUL - 2 PM 4:01

4/20/01 90187006 150.00  
33142

**DOCUMENT # P0000001197**  
1. Entity Name  
**METRAL PARKING SYSTEMS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>400 LESLIE DRIVE</b> Suite, Apt. #, etc. <b>APT #825</b>	3. Mailing Address <b>400 LESLIE DRIVE</b> Suite, Apt. #, etc. <b>APT #825</b>
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City & State <b>HALLANDALE BEACH, FL</b>	City & State <b>HALLANDALE BEACH, FL</b>
Zip <b>33009</b>	Zip <b>33009</b>
Country <b>MIAMI-DADE</b>	Country <b>MIAMI-DADE</b>

4. FEI Number <b>65-0976878</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>TSIMOGIANNIS, JOHNNY</b>
Street Address (P.O. Box Number is Not Acceptable) <b>770 PONCE DE LEON BLVD</b>
<b>SUITE 210</b>
City <b>CORAL GABLES</b>
State <b>FL</b>
Zip Code <b>33134</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE <b>DPT</b>	NAME <b>METRAL, RICARDO J</b>
STREET ADDRESS <b>400 LESLIE DRIVE, APT #825</b>	CITY - ST - ZIP <b>HALLANDALE BEACH, FL 33009</b>

TITLE <b>DVS</b>	NAME <b>METRAL, BEATRIZ</b>
STREET ADDRESS <b>20525 NW 22ND PLACE</b>	CITY - ST - ZIP <b>N MIAMI BEACH, FL 33180</b>

TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

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

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ricardo J Metral* **RICARDO J METRAL** 04/30/02 305-444-2445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

7/2/12  
aw