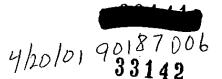
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000001197 1. Entity Name METRAL PARKING SYSTEMS, INC.

SECRETARY OF STATE QIVISION OF CORPORATIONS

P00000001197

02 JUL - 2 PM 4: 01



150.0D

2. Principal Place of Business
400 LESLIE DRIVE

Suits, Apt. #, etc.

APT #825

3. Mailing Address
400 LESLIE DRIVE

Suite, Apt. #, etc.

APT #825

APT #825

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 65-0976878 HALLANDALE BEACH, HALLANDALE BEACH, Applied For 33009 Not Applicable Country Country MIAMI-DADE 33009 \$8.75 Additional MIAMI-DADE 5. Certificate of Status Desired Fee Required 7. Name and Address of Curr

DO NOT WRITE IN THIS SPACE

Name Name							
TSIMOGIANNIS, JOHN	7 Y						
Street Address (P.O. Box Number is Not A 770 PONCE DE LEON I	cceptable)	- i-					
SUITE 210	:						
City	Zip Code						

9 The character			CÖR.	AL G	ABLES	FL	Zip Code 33134
o. The above named	entity submits this statement for	r the purpose of changin	g its registered o	fice or re	gistered agent, or both, i	n the State of Florida	33131
SIGNATURE					,		•
Signature	typed or printed name of registered	agent and title if applicable	. (NOTE: Reg	istered Ape	ent signature required when	reinstating)	DATE
(See criteria on bac	<u> </u>	After May Amender Make Check Payab	fay 1 Fee is \$15 1, Fee is \$550.0 1 UBR is \$61.25	0.00 0	10. Election Carr	paign Financing	\$5.00 May Be Added to Fees
11.	OFFICERS AND DIRE	CTORS					
STREET ADDRESS 400	RAL, RICARDO J LESLIE DRIVE, LANDALE BEACH,	APT #825	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE DVS		EH 33003	 	 -			
NAME METH	RAL, BEATRIZ		TITLE NAME	ŀ			
STREET ADDRESS 2052	5 NW 22ND PLA	CE	STREET ADDRESS				
CITY-ST-ZIP N MI	AMI BEACH, FL		CITY - ST - ZIP				
TITLE NAME			TITLE				<u></u>
STREET ADDRESS			NAME				
CITY - ST - ZIP			STREET ADDRESS		DO NO	T WRITI	
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WAME			TITLE		IN THI	S SPACE	
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ITLE			TITLE				
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OTY - ST - ZIP	<u> </u>		CITY - ST - ZIP				
ITLE			TITLE				

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 on the reporter of unsteed empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an attantiment with an officer switty all other like empowered.

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

URE AND TYPES OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAL (

04/30/02 305-444-2445

Daytime Phone #

1/2/12

NAME STREET ADDRESS

CITY - ST - ZIP