2001 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
Mar 28, 2001 8:00 am
Secretary of State
03-09-2001 90006 020 ***150.00

DOCUMENT # P00000006469

1. Entity Name
METROCOMM ENTERPRISES, INC.

Principal Place of Business
3504 S.W. 173RD TERRACE
MIRAMAR FL 33029

Mailing Address
3504 S.W. 173RD TERRACE
MIRAMAR FL 33029

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6705 NW 84th Ave
Suite, Apt. #, etc.: Miami FLORIDA
City & State
Zip: 33166 Country: U.S.A

3. Mailing Address: 3504 SW 173rd TERRACE
Suite, Apt. #, etc.: MIRAMAR FLORIDA
City & State
Zip: 33029 Country: U.SA

4. FEI Number: 65-0974656 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TURBAY, AILIN
608 N.W. 57 AVE.
MIAMI FL 33126

7. Name and Address of New Registered Agent
Name: JOHN ESTANISLAU
Street Address (P.O. Box Number is Not Acceptable): 3504 S.W. 173 TER.
City: MIRAMAR FL Zip Code: 33029-1616

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: John Estanislau - JOHN ESTANISLAU - PRESIDENT DATE: 03-01-01
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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESTANISLAU, JOHN 3504 S.W. 173RD TERRACE MIRAMAR FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: John Estanislau - JOHN ESTANISLAU 03-01-01 305-471-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #