

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

01A2407 AV

04-23-2003 90194 002 ***150.00

DOCUMENT # P00000033729



1. Entity Name
METROTRANS ASSOCIATES, INC.

Principal Place of Business
**1416 W 38 PLACE
HIALEAH FL 33012**

Mailing Address
**1416 W 38 PLACE
HIALEAH FL 33012**



2. Principal Place of Business
7102 LAUREL LN.

3. Mailing Address
7102 LAUREL LN

CHECK HERE IF MAKING CHANGES

City & State
MIAMI-LAKES FL

City & State
MIAMI-LAKES FL

Zip Country
33014 Dade County

Zip Country
33014 Dade County

4. FEI Number **65-0998799** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GARCIA, KARINA
1416 W 38 PLACE
HIALEAH FL 33012**

7. Name and Address of New Registered Agent
Name **KARINA GARCIA**
Street Address (P.O. Box Number is Not Acceptable)
7102 LAUREL LN
City **MIAMI-LAKES FL** Zip Code **33014**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE **KARINA GARCIA** **KARINA GARCIA / President** **4-21-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	GARCIA, KARINA
STREET ADDRESS	1416 W 38 PLACE
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	V <input type="checkbox"/> Delete
NAME	ALFONSO, MIGUEL H
STREET ADDRESS	1416 W 38 PLACE
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARINA GARCIA ADDRESS ONLY
STREET ADDRESS	7102 LAUREL LN
CITY-ST-ZIP	MIAMI-LAKES FL 33014
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGUEL H. ALFONSO ADDRESS ONLY
STREET ADDRESS	7102 LAUREL LN
CITY-ST-ZIP	MIAMI-LAKES FL 33014
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MIGUEL H. ALFONSO** **4-21-03** **305-216-8969**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)