

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90056 040 ***150.00

DOCUMENT # P000000089795

1. Entity Name

Composite Body Tech Corp. ✓

DO NOT WRITE IN THIS SPACE

653360

2. Principal Place of Business

1926A TigerTail Blvd.

3. Mailing Address

1926A TigerTail Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA, FL.

City & State

DANIA, FL.

4. FEI Number

65-1042196

☒ Applied For

☐ Not Applicable

Zip

33004

Country

Broward

Zip

33004

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paulos Metallides

Street Address (P.O. Box Number is Not Acceptable)

4531 SW 43 Ave

City

Fort Lauderdale

FL

Zip Code

33314

**DO NOT WRITE
IN THIS SPACE**

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

Paulos Metallides

Paulos Metallides

4/17/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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: owner
NAME: Paulos Metallides
STREET ADDRESS: 4531 SW 43 Ave.
CITY-ST-ZIP: Fort Lauderdale, FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: co. owner
NAME: Eleftheris Metallides
STREET ADDRESS: 16191 NW 9 Dr.
CITY-ST-ZIP: Pembroke Pines 33328

TITLE
NAME
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CR2E034B (12/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 (954)444-5486