

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90112 025 \*\*\*150.00

**DOCUMENT # P00000090097**

**1. Entity Name**  
**METROPOLITAN FINANCIAL CORP.**



**Principal Place of Business**

**300 NW 82ND AVE  
SUITE 506  
PLANTATION FL 33324**

**Mailing Address**

**300 NW 82ND AVE  
SUITE 506  
PLANTATION FL 33324**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**  
**65-1044355**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BROWN, GARY L  
4000 HOLLYWOOD BLVD.  
SUITE 265 SOUTH  
HOLLYWOOD FL 33021**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

**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**

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** ☐ Delete  
**NAME** **ZUCKERMAN, STEVEN**  
**STREET ADDRESS** **300 NW 82 AVE # 506**  
**CITY-ST-ZIP** **PLANTATION FL 33324**

**TITLE** **VPS** ☐ Delete  
**NAME** **ZUCKERMAN, MICHAEL**  
**STREET ADDRESS** **300 NW 82 AVE**  
**CITY-ST-ZIP** **PLANTATION FL 33324**

**TITLE** **VP** ☐ Delete  
**NAME** **ZUCKERMAN, LARRY**  
**STREET ADDRESS** **300 NW 82 AVE # 506**  
**CITY-ST-ZIP** **PLANTATION FL 33324**

**TITLE** **VP** ☐ Delete  
**NAME** **ZUCKERMAN, ANDREW**  
**STREET ADDRESS** **300 NW 82 AVE # 506**  
**CITY-ST-ZIP** **PLANTATION FL 33324**

**TITLE** **T** ☐ Delete  
**NAME** **ZUCKERMAN, DAVID**  
**STREET ADDRESS** **300 NW 82 AVE # 506**  
**CITY-ST-ZIP** **PLANTATION FL 33324**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/03**  
Date

**954-474-9099**  
Daytime Phone #

CR2E034 (10/02)