

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 NOV - 1 PM 4:36

**DOCUMENT # P0000095125**  
 1. Entity Name  
**METAL CORPORATION**

Principal Place of Business      Mailing Address  
 1261 WEST 34 STREET      1261 WEST 34 STREET  
 MIAMI FL 33012      MIAMI FL 33012

2. Principal Place of Business      3. Mailing Address  
 9021 S.W 122 AVE.      9021 SW. 122 AVE.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 APT #107      APT # 107  
 City & State      City & State  
 MIAMI, FL.      MIAMI, FL.  
 Zip      Country      Zip      Country  
 33186      USA      33186      USA



**REINSTATEMENT**  
 DO NOT WRITE IN THIS SPACE 01

4. FEI Number      Applied For  
 65-1048558      Not Applicable

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

6. Name and Address of Current Registered Agent  
**PARRA, ORLANDO**  
 1261 WEST 34 STREET  
 MIAMI FL 33012

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 9021 SW 122 AVE. APT. 107  
 City      State      Zip Code  
 MIAMI      FL      33186

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: *Nuri Parra*  
 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)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRA, ORLANDO 1261 WEST 34 STREET MIAMI FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRA, NURI 1261 WEST 34 STREET MIAMI FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SERRANO, IVONNE 1261 WEST 34 STREET MIAMI FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900004698689-0 -11/29/01--01058--025 ****750.00      ****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PARRA, NURY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nuri Parra*      REINSTATEMENT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 10-10-01      (305) 2794680

CP2E034 (5/01)