

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90037 043 ***150.00

DOCUMENT # P00000095125

1. Entity Name

METAL CORPORATION

Principal Place of Business

9021 SW 122 AVE
 APT #107
 MIAMI FL 33186

Mailing Address

9021 SW 122 AVE
 APT #107
 MIAMI FL 33186

2. Principal Place of Business

9021 S.W 122 Ave

Suite, Apt. #, etc.

Suite 107

City & State

MIAMI - Florida

Zip

33186

Country

USA

3. Mailing Address

9021 S.W 122 Ave

Suite, Apt. #, etc.

Suite 107

City & State

MIAMI - FLA

Zip

33186

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1048556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PARRA, ORLANDO

9021 SW 122 AVE

APT #107

MIAMI FL 33186

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.

SIGNATURE

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 \$150.00
After May 1, 2002 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

TITLE PD
 NAME PARRA, ORLANDO
 STREET ADDRESS 1261 WEST 34 STREET
 CITY-ST-ZIP MIAMI FL 33012 ☐ Delete

TITLE SD
 NAME PARRA, NURY
 STREET ADDRESS 1261 WEST 34 STREET
 CITY-ST-ZIP MIAMI FL 33012 ☐ Delete

TITLE TD
 NAME SERRANO, IVONNE
 STREET ADDRESS 1261 WEST 34 STREET
 CITY-ST-ZIP MIAMI FL 33012 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

(305) 279-4680
 02-29-02