

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91747 022 ***150.00

DOCUMENT # P01000006215 ✓

1. Entity Name

Metropolitan Woodcrafters, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7310 Georgia Ave

Suite, Apt. #, etc.

3. Mailing Address

7310 Georgia Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

West Palm Bch, FL

West Palm Bch, FL

4. FEI Number

59-2161180

Applied For

Not Applicable

Zip

Country

Zip

Country

33405

USA

33405

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Elliott Franklin

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

2777 S. Congress Ave

City

Lake Worth

FL

Zip Code

33461

**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

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

NAME

STREET ADDRESS

CITY - ST - ZIP

Pres.
Steve Servantes
7310 Georgia Ave
West Palm Bch, FL 33405

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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: *Stewart Servantes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)