

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90291 041 ***150.00

DOCUMENT # P01000034770

1. Entity Name
METAL SOLUTION CORP.

Principal Place of Business

**8158 N.W. 67 ST
 MIAMI FL 33166**

Mailing Address

**8158 N.W. 67 ST
 MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4240 NW 133th St.

3. Mailing Address

4240 NW 133th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opalocka, FL

City & State

Opalocka

Zip

Country

USA

Zip

Country

USA

4. FEI Number

651092938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AYON, ALBERTO
 292 N.W. 76 AVENUE
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **Pedro Castro**
 Street Address (P.O. Box Number is Not Acceptable)

**7772W 29WAY apto 102
 City Hialeah FL Zip Code 33018**

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 **Pedro Castro**

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. ☐

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 **D** ☐ Delete
 NAME **AYON, ALBERTO**
 STREET ADDRESS **292 N.W. 76 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
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 CITY-ST-ZIP

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: **Alberto Ayon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02

Date

305-264-1589

Daytime Phone #

CR2E034 (9/01)