200	2 UNIFOR	M BUSI	NESS REPO	RT	(UBŘ)		2/1 <b>A nr ()</b>	FILE	D	8•00 ·	am
DOCUMENT # P01000034987							Apr 03, 2002 8:00 am Secretary of State				
1. Entity Nan METROS	NE STAR PROPERT							.002 90051 0			C
Principal Place of Business Mailing Address 130 LAKE DESTINY TR 130 LAKE DESTINY TR ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS F							S INTERNA ISI NATUTI NETA NATU	UENIA CONIN BOXOD TUNA I	HUN IN	In shell been boot	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	4. FEI Number Applied For 59-3710185 Not Applicable				
Zip	Countr	y	Zip	Cour	airy		Certificate of Status Desired	<b>58.7</b>	<u> </u>	ditional	1
	6. Name and Add	ress of Current Re	gistered Agent		Name	7, 1	Name and Address of New F	legistered Agent	1		]
HEREICH; SAMI M 130 LAKE DESTINY TR					Street Addres	is (P.O. E	Box Number is Not Acceptabl	e)			
ALTAMO	inte springs fl 3	2714	City					FL <sup>z</sup>	ip Cod	e	
8. The above	named entity submits	this statement for th	ne purpose of changing its	register	ed office or regis	itered ag	ent, or both, in the State of Flo	orida.		• <u> </u>	
SIGNATURE	Signature, typed or printed nan	ne of registered agent and	title it applicable. (NOTE	- Registere	d Agent signature requ	ired when re	sinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)					will be \$550.00		10. Election Campaign Fir Trust Fund Contributio			0 May Be to Fees	
11. TITLE	D	OFFICERS AND DI		12. 1111		AD	DITIONS/CHANGES TO OFF		CTOR: hange	SIN 11	ĺ  €
NAME STREET ADDRESS CITY-SI-ZIP	HEREICH, SAMI M 130 LAKE DESTIN ALTAMONTE SPR	IY TR		NAM STRE	1				nanyo		R2E034 (9/01)
TITLE NAME STREET ADDRESS			Delete		E ET ADORESS			C	hange	Addition	C.R.
CITY-ST-ZIP TITLE NAME STREET ADDRESS			Delete	TITLE	/			00	hànge	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS				title Name		·····	4	C	hange	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			Delete	TITLE NAME STREE	ET ADORESS	<u>,</u>		Cr	nange	Addition	
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	<b> </b>		C Celete	TITLE NAME STREE	1			C 0	ange	Addition	
of the corp	on this report or supple poration or the receiver	mental report is tru or trustee empowe	e and accurate and that m	the exen	nption stated in S	e same le	19.07(3)(i), Florida Statutes. I gal effect as if made under o la Statutes; and that my name	ath: thát í am an c	officer c	n director 4	
SIGNAT	URE:		ET NAME OF SKILDING OF FICER O		DA		1/30/0	2_ 407 Deptime Pri	7 <u>-86</u>	9-717	5
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