SIGNATURE:

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200	2 UNI	FORM BUS	NESS REPO	DRT	(UBR)						
DOCUMENT # P01000036083							FILED				
UNIT 1202 THE METROPOLITAN, INC.							(
C/O DOMINGO ALONSO, P.A.							02 JUN 17 AM 10: 32				
Principal Place of Business Mailing Address							SECRETARY OF STATE				
13251 SW 17TH CT. MIRAMAR FL 33025			13251 SW 17TH CT, Miramar Fl 33025				TALLAHASSEE, FLORIDA				
							T (18/18) (18/18) ABINA (18/18) BANIJ BANIJ BANIJ BANIJ BANIJ BANIJ BANIJ	111 8 á líth 3 811	6 1 2 6 188 (2)1 2881		
Principal Place of Business 3. Mailing Address						\dashv					
13.251. #SW 17 CT.			301 ALMERTA AVE Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS S	DACE			
City & State			SUITE 3 City & State				DO NOT WRITE IN THIS SPACE				
MTRAMAR FT.			CORAL GABLES, FL			4.	FEI Number	-	Applied For Not Applicabl	e	
33027		Country US	Zip . 33134	Cour		5.		8.75 Ac		٦	
	6. Name	and Address of Current R	egistered Agent			7.	Name and Address of New Registered A				
ADMIRE,	ROBERT O	ESQ	•		Name						
2511 PONCE DE LEON BLVD., STE. 320					Street Address	s (P.O.	Box Number is Not Acceptable)				
CORAL G	GABLES FL 3	3134									
					City		FL FL	Zip Cod	de	7	
8. The above	e named entity	submits this statement for t	the purpose of changing its	register	ed office or regist	tered a	igent, or both, in the State of Florida.			7	
SIGNATURE	-										
^ This		or printed name of registered agent and	· · · · · · · · · · · · · · · · · · ·		d Agent signature requi	red when	reinstating) DATE			4	
 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. Make Check Payable to Department of			tate	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
11.		OFFICERS AND D	IRECTORS	12.				RECTOR	RS IN 11	\dashv	
TITLE NAME	D Delete		☐ Delete	TITLE NAM(Change	☐ Addition	70,04,000	
STREET ADDRESS CITY-ST-ZIP	13251 SW MIRAMAR I	17TH CT.		ET ADDRESS ST-ZIP		200060670526 -06/27/0201049021 					
TITLE NAME	:		☐ Delete	TITLE	l			Change	Addition		
STREET ADDRESS CITY-ST-ZIP				STREE	ET ADORESS ST-ZIP						
TITLE NAME			☐ Delete	TITLE					Addition	-	
STREET ADDRESS				NAME STREE	T ADDRESS						
CITY-ST-ZIP	- 10.			-	ST-ZIP						
TITLE NAME			☐ Delete	TITLE				☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP						
TITLE		·	□ Delete	TITLE	31-211				☐ Addition	-	
NAME STREET ADDRESS				NAME	T ADDRESS			Johange			
CITY-ST-ZIP	1 .			CITY-							
ITLE IAME			☐ Delete	TITLE] Change	Addition	1	
TREET ADDRESS				NAME STREE	T ADDRESS						
CITY-SI-ZIP	- 46			CITY-S		_					
of the corp	poration or the	nformation supplied with thing supplemental report is trunced and in the supplemental report is trunced empower that with an address, with an address, with	ared to execute this report of	the exemy signaturs require	eption stated in Se re shall have the ed by Chapter 60	ection same 7, Flori	119.07(3)(i), Florida Statutes I further certify legal effect as if made under oath; that I am da Statutes; and that my name appears in B	that the in an officer lock 11 or	formation or director Block 12 if		

Affa chment

UNIT 1202 THE METROPOLITAN, INC 13251 SW 17TH COURT MIRAMAD EX --

June 5, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I respectfully request an abatement of penalty for not filing the 2002 Uniform Business Report on time.

I do not live in the United States on a regular basis and by the time I got here, the 2002 UBR was already past due. I am now changing the mailing addresses of my corporations to another office; they will be in charge of receiving this form from now on.

Enclosed please find the 2002 UBR with all the necessary changes along with a check for \$150.00.

Please accept my explanations and apologies, and thank you in advance for your cooperation on this matter.

Sincerely,

Luis Arreaza- Gomez