

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

FILED

02 SEP 27 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000036083  
1. Entity Name  
UNIT 1202 THE METROPOLITAN, INC.

**400008133334--2**  
-10/01/02--01061--006  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
13251 SW 17 Ct.  
Suite, Apt. #, etc.

3. Mailing Address  
13251 SW 17 Ct.  
Suite, Apt. #, etc.

City & State  
MIRAMAR, FL

City & State  
MIRAMAR, FL

4. FEI Number  
65-1095168  
Applied For  
Not Applicable

Zip  
33027

Country

Zip  
33027

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent  
Name Robert Admire  
Street Address (P.O. Box Number is Not Acceptable)  
2511 Ponce de Leon Blvd.  
suite #320  
City Coral Gables FL Zip Code 33134

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 re-registering) 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	<u>P/D Luis ARREAZA 13251 SW 17 CT. MIRAMAR, FL 33025</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>S/D DALY V. ARREAZA 13251 SW 17 CT. MIRAMAR, FL 33025</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VP/D IGDALIA GOMEZ DE ARREAZA 13251 SW 17 CT. MIRAMAR, FL 33025</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE 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)(f), 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: X Luis ARREAZA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/02 (305) 498-4391  
Date Daytime Phone #

CR2E034B (12/01)