## FOR PROFIT CORPORATION

**UNIFORM BUSINESS REPORT (UBR)** 

DUC	UMEN 1 # 1/01/00/00 36 06/3				UZ SEP 21 PM 1: U9	
1. Entity N	IT 1202 THE METROPOLITAN, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
13	DO NOT WRITE	IN THIS S.  3. Mailing Address 13.25165.0		e de Calverda	<b>4000081</b> 3 -10/01/02 *****61.3	:333 <b>4</b> 2 01061006 25 *****61.25
	Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State				DO NOT WRITE IN THIS	SPACE
Mir	AMAR, Fl.	City & State MIRAMAR	F	1	4. FEI Number 65-1095168	Applied For Not Applicable
33 ¢	23 Country	<sup>Zip</sup> 33 69.24	Coun	ity .	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7	7. Name and Address of Current Registers	d Agent
Name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
DO NOT WRITE				. See all of eet address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				ASII LO	nce de Leon Blud.	
				sulte #	3 <i>20</i>	
		Jakob v sa kole najedne. Az aktorologia		Coral Gal	bles FI	Zip Code - 33/3-4
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.						
- FERTH OF STATE STATE OF THE S						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
Tax filing (See crit	poration is eligible to satisfy its Intangible prequirement and elects to do so, eria on back)	January 1 - Ma After May 1 Amended Make Check Payabl	, Fee is UBR is	\$61.25	Election Campaign Financing     Trust Fund Contribution.  [ ]	\$5.00 May Be Added to Fees
11.	OFFICERS AND DI	RECTORS	1 mg 1 mg		THE ROLL OF THE RESERVE	Carteria evalua
TITLE NAME	PID	•	** ***********************************	3 6 1 7 5 6		
STREET ADDRESS	LUIS ARREATA		NAME	ADDRESS		
CITY-ST-ZIP	13251 SW 17 CT. MIRAMAR, FL 33	0025	25.37 (4.35)	T-ZIP		
TITLE .	5/D	vas	JITLE	Extraction and C 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
NAME	DATY V. ARREAZA	)	NAME			
STREET ADDRESS	13251 SW 17 CT. MIRAMAN, FL 330		STRUE	ADDRESS - *		
CITY-ST-ZIP	MIRAMAN, FL 330	25	≠eπv,:s	TEZIP AFET BELLER &		
TITLE NAME	VPID	10000-1	TITLE		CONTRACTOR OF THE PARTY OF THE	
STREET ADDRESS	IGDALIA GOMEZ DE 132515W17CT. MINAMAN, FL 330	HKKUHCH	NAME	ADDRESS		
— СПҮ- ST- ZIP	Nillaw ant FI 330	25	44. 47. ac. 452. 305.	Aliuni sa Tagangan ing ang at	<b>Z.DONOT WRI</b>	TELLI LIBER
TITLE	1111	<u> </u>	TILE		The state of the s	A STATE OF THE STA
NAME			NAME		IN THIS SPACE	English
STREET ADDRESS			STREET	ADDRESS!		
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STREET ADDRESS		·	NAME: STREET	honree		
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TITLE			1. 46 and 10 19	56 m m m 1 1 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1	大型 "" " , " " " " " " " " " " " " " " " "	
111111			ETIJEE.	YOU BUTTO		
NAME	ı.		NALZE			
NAME STREET ADDRESS			NAME STREET A	CHARLES S.		
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with this		NAL/E	CHARLES S.		

I nereoy 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 analysis of the corporation of the corporation of 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

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR