

**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.

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

Zip

33027

Country

Zip

33027

Country

4. FEI Number

65-1095168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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-10/01/02--01061--006

*******61.25 *****61.25**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert A. D. Mire

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 reissuing)

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</u> <u>LUIS ARREAZA</u> <u>13251 SW 17 CT.</u> <u>MIRAMAR, FL 33025</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>S/D</u> <u>DAILY V. ARREAZA</u> <u>13251 SW 17 CT.</u> <u>MIRAMAR, FL 33025</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V/P/D</u> <u>IGDALIA GOMEZ DE ARREAZA</u> <u>13251 SW 17 CT.</u> <u>MIRAMAR, FL 33025</u>
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CITY - ST - ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Arreaza

8/28/02

Date

(305) 498-4391

Daytime Phone #