FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000036091 1. Entity Name UNIT 2101 THE METROPOLITAN, INC. FILED

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2. Princip	al Place of Business	3. Mailing Address					•
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Suite, A	Apt. #, etc.	Suite, Apt. #, etc.	<i>(u)</i> (119	50.11051-		
					DO NOT WRIT	E IN THIS SPAC	CE
City & S	State Lamar, &	City & State	.0 0	- ,	4. FE Number		Applied For
Zip	Country	MirAma		<u>- /.</u>	65-109516	5	Not Applicab
3 30) a 7	33027	Cour	ntry	5. Certificate of Status Desired		.75 Additional
March 14	Walder to agree or the source	Mary Transaction and Company of the	The Amelia		7. Name and Address of Current F		Required
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10.52			i day	Street Address (P	O. Box Number is Not Acceptable)		
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			270	1	Lmeria Ave.	Sur 10 =	
5×3×4×0	A DATE OF THE STATE OF THE STAT	CACADA PARTICIPATION		_ Coral	Gables	FL 2	Zip Code ララ/シゾ
8. The abo	ve named entity adomit this statement for	the parpose of changing it	s registere	d office or registere	d agent, or both, in the State of Flori	da,	
SIGNATUR	- /////////////////////////////////////	(e)					
SIGNATURI	Schature typed or printed name of registerest agent ar	nd title if applicable (NO:	TE Projetorod	Agent signature required w	-		
O This	/ / /				nen reinstating)	DATE	
Tax filing	poration is eligible to satisfy its Intangible grequirement and elects to do so.	After May	/ 1. Fee is	e is \$150.00 \$550.00	10. Election Campaign Finan	ocina	# F 00
(See crit	eria on back)	Amende	d UBR is	\$61.25	Trust Fund Contribution	icing	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	Make Check Paya	DIE TO LIE	partment of State	20 M		
TITLE	PID		100			Section and Section	
NAME	LUIS ARREAZA		NAME		* : 100000	2029	41
STREET ADDRESS	13251 SW 17 CT.		2000	ADDRESS	/= 10/30/02±±0007€	;028 . »	* *61.25
CITY-ST-ZIP	MIRAMAR, FL 33	027	PA 15 11 11 11 11 11 11 11 11 11 11 11 11	T-ZIP			
TITLE	SID	•	: ATTE	344 6734 E	AND THE PERSON	Fallustra.	MILL NEED
NAME STREET ADDRESS	DALY V. ARREAZI 13251 SW 17CT. MIRAMAR, FL 330.)	NAME				
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TITLE	MILAMAR, PC 330	27	CHYES	T-ZIP, TOP 154			
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STREET ADDRESS	IKDALIA GON	62 ARREAT	A NAME	ADDRESS .			
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TITLE		/• & /	TITLE			No. 2000 - 5 45 00	Sand P. St. Committee of the Contract of the C
NAME			NAME		IN THIS SI	PACE	
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TITLE	\ \ /		TILLE	14.5	7(;)		* F 3 * 1 * 1 * 1 * 1 * 1
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STREET ADDRESS CITY-ST-ZIP	\smile	<u> </u>	STREET A	3 - Arriston x 1 - 32 - 32 - 32 - 32 - 32 - 32 - 32 -			
	<i>-</i>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	«CITY-ST-	ZIP 3. C Proc. Sec. 2	# 5-25 11 TV 1-47 14 15 15	"种类的"	r Total Cal
TITLE NAME	1	X ·)	ime				
STREET ADDRESS			NAME	STEEL STATE			
CITY-ST-ZIP		- V	STREET AL	DRESS # 1			

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address. with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/02 (305) 498-439

CR2E034B (12/0