

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0277555 AV

DOCUMENT # P01000048800

1. Entity Name

METROPOLITAN 1108, INC.

Principal Place of Business

**2450 SW 137TH AVENUE SUITE 221
 MIAMI FL 33175**

Mailing Address

**2450 SW 137TH AVENUE SUITE 221
 MIAMI FL 33175**

2. Principal Place of Business

2450 SW 137th AVE.

3. Mailing Address

2450 SW 137th AVE

Suite, Apt. #, etc.

SUITE 234

Suite, Apt. #, etc.

SUITE 234

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33175

Country

USA

Zip

33175

Country

USA

4. FEI Number

65-1106752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LOPEZ, PETER M ESQ

**2450 SW 137TH AVENUE SUITE 221
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name

PETER M. LOPEZ ESQ

Street Address (P.O. Box Number is Not Acceptable)

2450 SW 137th AVE

City

MIAMI

FL

Zip Code

33175

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 reinstating)

DATE

3/29/02

9. 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 \$550.00
 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 **D** ☐ Delete
 NAME **VILA, MARIA LUISA**
 STREET ADDRESS **2450 SW 137TH AVENUE SUITE 221**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

MARIA LUISA VILA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-02

Date

58-212-7305039

58-212-5031663

Daytime Phone #

CR2E034 (9/01)