

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90129 021 ***150.00

DOCUMENT # P01000087994

1. Entity Name
METRO CONTRACTING CORPORATION



Principal Place of Business

2066 SW 103 PLACE

MIAMI FL 33165

Mailing Address

2066 SW 103 PLACE

MIAMI FL 33165

70012630



2. Principal Place of Business

1980 So Ocean DR

Suite, Apt. #, etc.

14-G

City & State

HALLANDALE Bch FL

Zip

33009

Country

BROWARD

3. Mailing Address

1980 So Ocean DR

Suite, Apt. #, etc.

14-G

City & State

HALLANDALE Bch FLA

Zip

33009

Country

BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1142991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEBERMAN, ARNOLD

1760 SW 68 AVENUE

PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CRUZ, MANUEL**
STREET ADDRESS **2066 SW 103 PLACE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **D** ☐ Delete
NAME **MARCOS, VERENA**
STREET ADDRESS **PO BOX 960471**
CITY-ST-ZIP **MIAMI FL 33296**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MANUEL CRUZ (PRES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03
Date

325-606-6021
Daytime Phone #

CR2E034 (10/02)