

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0215906 AV

DOCUMENT # P01000103822

1. Entity Name
METROPOLIS INSURANCE NETWORK, INC.

02-05-2002 90039 032 ***150.00

Principal Place of Business 299 ALHAMBRA CIRCLE SUITE 302 CORAL GABLES FL 33134	Mailing Address 299 ALHAMBRA CIRCLE SUITE 302 CORAL GABLES FL 33134
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2. Principal Place of Business 299 ALHAMBRA CIRCLE	3. Mailing Address P.O. BOX 650306
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Suite, Apt. #, etc. SUITE 212	Suite, Apt. #, etc.
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City & State CORAL GABLES, FL.	City & State MIAMI, FL.
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4. FEI Number 65-1148664	Applied For <input type="checkbox"/> Not Applicable
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Zip 33134	Country U.S.	Zip 33265-0304	Country U.S.
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GARRIDO, NELSON
13860 KENDALE LAKES BLVD.
MIAMI FL 33183

7. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRIDO, NELSON 13860 KENDALE LAKES BLVD. MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARRIDO, NELSON 13860 KENDALE LAKES BLVD. MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/18/02** Daytime Phone #: **(305) 529-1600**

CR2E034 (9/01)