

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90305 010 ***158.75

0244282 AV

DOCUMENT # P01000120705

1. Entity Name
METROWIDE INC.



Principal Place of Business
6375 INDIAN CREEK DRIVE
1 B
MIAMI BEACH FL 33141

Mailing Address
6375 INDIAN CREEK DRIVE
1 B
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address
3321 SIMMS ST. UNIT A

Suite, Apt. #, etc.

Suite, Apt. #, etc.
HOLLYWOOD FLORIDA

City & State

City & State

4. FEI Number **02-0562641**

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

33021

USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPOVALOV & BROETH, P.A.
16300 NE 19 AVE, STE 250
N MIAMI BEACH FL 33162

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **SIMUNIC, ALEXANDAR**
STREET ADDRESS **6375 INDIAN CREEK DR. STE 1 B**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **VP** ☐ Change ☒ Addition
NAME **SIMUNIC, JASMINA**
STREET ADDRESS **6375 INDIAN CREEK DR. STE 1 B**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Jasmina Simunic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

Date

614-596-1605

Daytime Phone #

CR2E034 (10/02)