

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000024399

1. Entity Name  
METRO-MIAMI, INC.



FILED

2007 FEB 23 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2431 SW 56 TR  
HOLLYWOOD, FL 33023

Mailing Address  
2431 SW 56 TR  
HOLLYWOOD, FL 33023

2. Principal Place of Business - No P.O. Box #  
5159 NW 74 AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
5159 NW 74 AVE.  
Suite, Apt. #, etc.



02202007 REIN-P CR2E098 (1/07)

City & State  
MIAMI, FL  
Zip  
33166  
Country  
USA

City & State  
MIAMI, FL  
Zip  
33166  
Country  
USA

4. FEI Number  
02-0575506  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LLERENA, LUCIA  
2080 N.W. 77 TERRACE  
PEMBROKE PINES, FL 33024

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

(NOTE: Registered Agent signature required when reinstating)

2/17/07  
DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LLERENA, LUCIA ☐ Delete  
STREET ADDRESS 2080 N.W. 77 TERRACE  
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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 400089722484  
CITY-ST-ZIP 03/01/07--01003--012 \*\*300.00

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LUCIA LLERENA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/07 954.4450406