

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90322 020 ***150.00

0113231 AV

DOCUMENT # P02000117728

1. Entity Name
METRO DESIGN & CONSTRUCTIONS, INC.



Principal Place of Business
**5401 S KIRKMAN ROAD STE 310
ORLANDO FL 32819**

Mailing Address
**5401 S KIRKMAN ROAD STE 310
ORLANDO FL 32819**



2. Principal Place of Business

3. Mailing Address

7862 SAINT GILES PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
ORLANDO, FLORIDA

4. FEI Number

04-3721345

Applied For

Not Applicable

Zip

Country

Zip

32835

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSHI, SAVITA
5401 S KIRKMAN ROAD STE 310
ORLANDO FL 32819**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	JOSHI, SAVITA	
STREET ADDRESS	7862 ST GILES PLACE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	TAVILL, FARID J	
STREET ADDRESS	145 N SPRING LAKE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

407-926 0242

Daytime Phone #

CR2E034 (10/02)