

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03

FILED

03 JUN 23 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 102000120099

1. Entity Name

Metals Group International



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4101 Ravenswood Road

3. Mailing Address

16499 NE 19th Avenue

Suite, Apt. #, etc.

320

Suite, Apt. #, etc.

Suite 107

City & State

Dania - Florida

City & State

Miami Florida

33021

Country

U.S.A

Zip

33162

Country

U.S.A

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard Miller

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

16499 NE 19th Avenue

Suite 107

City

Miami

FL

Zip Code

33162

**DO NOT WRITE
IN THIS SPACE**

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

Martin J. Jinchill

06/20/2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	Director
NAME	Martin Jinchill
STREET ADDRESS	16499 NE 19th Avenue Suite 107
CITY-ST-ZIP	Miami Florida 33162
TITLE	Director
NAME	Arthur Schlecht
STREET ADDRESS	16499 NE 19th Avenue Suite 107
CITY-ST-ZIP	Miami - Florida - 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/20/03

(877) 313-0415

Date

Daytime Phone #

CR2E034B (12/02)