

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**  
 04-02-2001 90306 033 \*\*\*158.75

0006079

**DOCUMENT # P15883**

1. Entity Name  
**METEC, INC.**

Principal Place of Business  
**405 FENTRESS BOULEVARD  
 DAYTONA BEACH FL 32114-1207**

Mailing Address  
**405 FENTRESS BOULEVARD  
 DAYTONA BEACH FL 32114-1207**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2841458**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**VEZZA, MR. CARLO  
 405 FENTRESS BLVD  
 DAYTONA BEACH FL 32114-8299**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 **PD SASTRI, M.S.** ☐ Delete  
 STREET ADDRESS **405 FENTRESS BLVD**  
 CITY-ST-ZIP **DAYTONA BCH FL**

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

TITLE  
 NAME **D MORANDI, MAURIZIO** ☐ Delete  
 STREET ADDRESS **VIA PER CASSINO 19**  
 CITY-ST-ZIP **TRIBIANO IT**

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

TITLE  
 NAME **SDVP PRASAD, B.K.** ☒ Delete  
 STREET ADDRESS **6 LANSING SQUARE #123**  
 CITY-ST-ZIP **WILLOWDALE ONT CA**

TITLE  
 NAME **SDVP Prasad, B.K.** ☒ Change ☐ Addition  
 STREET ADDRESS **2 Lansing Sq #101**  
 CITY-ST-ZIP **Toronto, Ontario, Canada**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/01** **(386) 255-5391**  
 Date Daytime Phone #

CR2E034 (10/00)