

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23448

1. Entity Name

METROPOLE OF MASSACHUSETTS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90120 038 ***150.00

Principal Place of Business

Mailing Address

ONE BOSTON PLACE
2100
BOSTON MA 02108
US

ONE BOSTON PLACE
2100
BOSTON MA 02108-4405
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-3051441**

Applied For
Not Applied For

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2000 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	COLLINS, CHRISTOPHER W	
STREET ADDRESS	72 HARBOR ST.	
CITY-ST-ZIP	MANCHESTER MA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MANNING, JOHN P	
STREET ADDRESS	ONE BOSTON PLACE, STE. 2100	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	S	<input type="checkbox"/> Delete
NAME	NICKAS, ANTHONY A	
STREET ADDRESS	20 OLD PLANTERS ROAD	
CITY-ST-ZIP	BEVERLEY MA	
TITLE	T	<input type="checkbox"/> Delete
NAME	NICKAS, ANTHONY A	
STREET ADDRESS	20 OLD PLANTERS ROAD	
CITY-ST-ZIP	BEVERLEY MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, HERBERT F	
STREET ADDRESS	15 CLARINDON ST	
CITY-ST-ZIP	GLOUCESTER MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #