

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90154 032 ***158.75

DOCUMENT # P35189

1. Entity Name

METRO INTERNATIONAL (SUNBELT) GENERAL PARTNER IN C.



Principal Place of Business

**2 EVA RD
SUITE 221
TORONTO, ONTARIO CA M9C- 2A8**

Mailing Address

**2 EVA RD
SUITE 221
TORONTO, ONTARIO CA M9C- 2A8**

90007569



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

58-1719646

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES 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. 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

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 **PD** ☐ Delete
NAME **ABROMEIT-KREMSER, BERND D**
STREET ADDRESS **RR #2**
CITY-ST-ZIP **CALEDON, ONTARIO CA LON- 1C8**

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

TITLE **VPC** ☐ Delete
NAME **GARDNER, CHRISTOPHER**
STREET ADDRESS **1585 GREENBRIAR DR**
CITY-ST-ZIP **OAKVILLE, ONTARIO CA L6M- 1Y6**

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

TITLE **T** ☐ Delete
NAME **HORAK, HEIDI**
STREET ADDRESS **3094 SALMONA COURT**
CITY-ST-ZIP **MISSISSAUGA, ONTARIO CA L5B- 4G3**

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

TITLE **ASO** ☐ Delete
NAME **HAECKER, ISABEL**
STREET ADDRESS **54 BEECH ST**
CITY-ST-ZIP **BRAMPTON, ONTARIO CA L6V- 1V3**

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

TITLE **ASO** ☐ Delete
NAME **WOLTER, KARIN**
STREET ADDRESS **200 WOOLNER AVE APT 409**
CITY-ST-ZIP **TORONTO, ONTARIO CA M6N- 1Y4**

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

TITLE ☐ Delete
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 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

Jan. 13/03

416-323-8866

Date

Daytime Phone #

CR2E034 (10/02)