

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000001493 (5)

1. Entity Name
METROPOLITAN BLUMING, INC.

Principal Place of Business
6250 SW 16th St.
Miami, FL 33155

Mailing Address
6250 SW 16th St.
Miami, FL 33155

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

6. Name and Address of Current Registered Agent

Guiardinu, Miguel S
6250 S.W. 16th St.
Miami, FL 33155

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 _____ (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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MIGUEL S. GUIARDINU		NAME		
STREET ADDRESS	6250 S.W. 16th Street		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33155		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ROSA GUIARDINU		NAME		
STREET ADDRESS	6250 S.W. 16th Street		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33155		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  Miguel S. Guiardinu, Pres. 10-25-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
00 OCT 30 PM 5:34

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0382629

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

CR2E034 (9/99)