## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P94000024308** 1. Entity Name METAL-EAGLE, INC. 03-22-2000 90020 014 \*\*\*150.00 Principal Place of Business Mailing Address 15447 SW 99 LANE 15447 SW 99 LANE MIAMI FL 33196 MIAMI FL 33196-3815 115 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0484364 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONSERATTE, JOSE G. Street Address (P.O. Box Number is Not Acceptable) 15447 SW 99 LANE MIAMI FL 33196 City Zip Code FL 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSD** Addition Change TITLE ☐ Delete TITLE RICO, ALVARO V NAME NAME 9743 S.W. 138TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 [] Change Addition ☐ Delete TITLE TITLE MONTERO, GIOVANNY NAME NAME 9743 S.W. 138TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Delete TITLE Change Addition TITLE MONSERRATTE, JOSE G NAME NAME STREET ADDRESS 9743 S.W. 138TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #