2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000024308

1. Entity Name

METAL-EAGLE, INC.



Principal Place of Business

DNW 79th Avenue

15447 SW 99 LANE

MIAMI FL 33196 US Mailing Address

15447 SW 99 LANE MIAMI FL 33196

Mailing Address

OONW 79th Avenue

US



FILED

03-31-2003 90284 009 ***158.75

Mar 31, 2003 8:00 am Secretary of State

Suite, Apt. #, etc. Softe 429 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES <u>Svit</u>e 429 City & State City & State 4. FEI Number Applied For 65-0484364 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MONSERATTE, JOSE G. (P.O. Box Number is Not Ac 15447 SW 99 LANE enter MIAMI FL 33196 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 the obligations of registered age SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** TITLE □ Delete TITLE Change Addition RICO, ALVARO V NAME NAME STREET ADDRESS 9743 S.W. 138TH AVE. STREET ADDRESS CITY-ST-7IP MIAMI FL 33186 CITY-ST-ZIP TITLE ۷D ☐ Delete TITLE Change ☐ Addition MONTERO, GIOVANNY NAME NAME 9743 S.W. 138TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MONSERRATTE, JOSE G NAME 9743 S.W. 138TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 --- --CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNATION OFFICER OR DIRECTOR

3/27/2003-305-513 8893