

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029780

1. Entity Name

METROPICAS DESIGN, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90064 037 ***150.00

Principal Place of Business

226 OLEANDER AVENUE
PALM BEACH FL 33480
US

Mailing Address

226 OLEANDER AVENUE
PALM BEACH FL 33480-3875
US

2. Principal Place of Business

1122 E. ATLANTIC AVE

3. Mailing Address

P.O. 613

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

BOCA RATON, FL

Zip

33493

Country

USA

Zip

33429

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0480924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, JEFF
226 OLEANDER AVENUE
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JEFFREY C. LEWIS

2-11-00

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	P	<input type="checkbox"/> Delete
NAME	LEWIS, JEFF	
STREET ADDRESS	226 OLEANDER AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, BRAIN	
STREET ADDRESS	727 ST. ALBANS DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-00

561-279-7929

CR2E034 (9/99)