

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/6/01

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90301 007 \*\*\*150.00

**DOCUMENT # P94000029780**

1. Entity Name

**METROPICAS DESIGN, INC.**

Principal Place of Business

Mailing Address

1122 E ATLANTIC AVE  
B-  
DELRAY BEACH FL 33483  
US

PO BOX 613  
BOCA RATON FL 33429  
US

**34901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0480924**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, JEFF  
226 OLEANDER AVENUE  
PALM BEACH FL 33480

Name **BRIAN BLACK**

Street Address (P.O. Box Number is Not Acceptable)  
**727 ST. ALBANS DRIVE**

City **BOCA RATON**

FL

Zip Code **33486**

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 title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

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, 2001 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	Delete <input type="checkbox"/>
NAME	LEWIS, JEFF	
STREET ADDRESS	226 OLEANDER AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	Delete <input type="checkbox"/>
NAME	BLACK, BRIAN	
STREET ADDRESS	727 ST. ALBANS DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	<b>203 ARKONA COURT</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>BLACK, BRIAN</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: **BRIAN BLACK** *[Signature]* **02/20/01** **561.279.7929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/00)