## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P94000029780 DOCUMENT #

1. Entity Name

METROPICAS DESIGN, INC.



## **FILED** Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90114 016 \*\*\*150.00

Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country  Country  Country  St. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  BLACK, BRIAN 727 ST. ALBANS DRIVE BOCA RATON FL 33486  City  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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  PILE NOW!!  FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								<b>′</b>					
Sure, Apr. 4, etc.   Suite Apr. 4, etc.   Suite Apr. 4, etc.   Griv & State   Applied For   City & State   City & State   City & State   City & State   Applied For   City & State   Applied For   City & State   City & State   Applied For   City & State   City & State   Applied For   Applied For   City & State   Applied For   Applied For   Applied For   Applied For   City & State   Applied For	1122 E ATLANTIC AVE B DELRAY BEACH FL 33483			PO BOCA	PO BOX 613 BOCA RATON FL 33429								
City & State    City & State   City & State   City & State   St-Ok80924   Not Applicable For Not Applicable   Not Applicable   Not Applicable   Not Applicable   St-Ok80924   Not Applicable   Not Applicable   St-Ok80924   Not Applicable   Not Applicable   St-Ok80924   Not Applicable   Not Applicable   Not		lace of Busi	ness	<b>3.</b> Mai	3. Mailing Address						.   <b>                                   </b>	BIJI BBII IBUI	
Tip Country Zip Country 5. Certificator of Status Desired Status Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Certification of Status Desired 9. St. 75. destinosity Fee Ronglying 1. St. Application 1. St. 75. destinosity Country 1. St. Certification of Status Desired 9. St. Certification of Status Desired 1. St. 75. destinosity Country 1. St. Certification of Status Desired 1. St. 75. destinosity Country 1. St. Certification of Status Desired Address of New Registered Agent 1. St. 75. destinosity Country 1. St. Certification 1. St. 75. destinosit	Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  BLACK, BRIAN 7. Name and Address of New Registered Agent  Street Address (RO. Box Number is Not Acceptable)  City FL Zio Codo  City FL Now, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar w	City & State	 e		City	City & State			<b>4.</b> F	4. FEI Number 65-0480924			·	
BLACK, BRIAN 727 ST. ALBANS DRIVE BOCA RATON FL 33486  6' The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, types or ameter area of required agent with the 4 septicule.  OPTICE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OPTICERS AND DIRECTORS  INTEL  OPTICERS  OPTICERS AND DIRECTORS  INTEL  OPTICERS  OP	Zip		Country	Zip Co			try	5. (					
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### STEET ALDRASS DRIVE ### BOCA RATON FL 33486    City   FL   Zip Code							Name		•				
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46. The selection state the information appoint with this filling does not applify for the exemption stated in Contion 110 07/20/i). Florida Statutos I further certify that the information of the informa			- Information	deb ebie 200	door not suplify for			n Section	110 07/3Vi) Florida Statutos	I further cert	ify that the	nformation	

of the corporation or the receiver or trustee empowered to execute the 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 incomposers.

**SIGNATURE:**