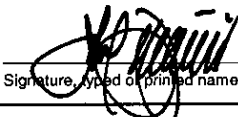
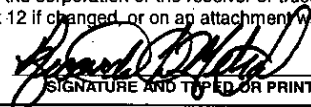


2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90010 029 ***150.00

DOCUMENT # P94000080331			
1. Entity Name			
VIP SECURITY PARKING, INC.			
Principal Place of Business		Mailing Address	
235 LINCOLN ROAD SUITE 202 MIAMI BEACH, FL 33139 USA		235 LINCOLN ROAD SUITE 202 MIAMI BEACH, FL 33139 USA	
2. Principal Place of Business		3. Mailing Address	
		6441 SW 21ST STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
		WEST MIAMI, FL	
Zip	Country	Zip	Country
33155	USA	33155	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
METRAL, RICARDO 235 LINCOLN ROAD SUITE 201 MIAMI BEACH, FL 33139		Name JOHNNY TSIMOGIANNIS	
		Street Address (P.O. Box Number is Not Acceptable) 6441 SW 21ST STREET	
		City WEST MIAMI	
		FL Zip Code 33155	
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 		JOHNNY TSIMOGIANNIS	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
		DATE 04/28/00	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	METRAL, RICARDO		
STREET ADDRESS	235 LINCOLN RD #201		
CITY - ST - ZIP	MIAMI BEACH, FL		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	METRAL, BEATRICE		
STREET ADDRESS	235 LINCOLN RD #201		
CITY - ST - ZIP	MIAMI BEACH, FL		
TITLE	S	<input type="checkbox"/> Delete	
NAME	METRAL, RICARDO, JR		
STREET ADDRESS	235 LINCOLN RD #201		
CITY - ST - ZIP	MIAMI BEACH, FL		
TITLE	T	<input type="checkbox"/> Delete	
NAME	METRAL, RODOLFO		
STREET ADDRESS	235 LINCOLN RD #201		
CITY - ST - ZIP	MIAMI BEACH, FL		
TITLE		<input type="checkbox"/> Delete	
NAME			
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METRAL, RICARDO A.		
STREET ADDRESS	235 LINCOLN RD, STE 202		
CITY - ST - ZIP	MIAMI BEACH, FL 33139		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METRAL, BEATRIZ L.		
STREET ADDRESS	235 LINCOLN RD, STE 202		
CITY - ST - ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METRAL, RICARDO J.		
STREET ADDRESS	235 LINCOLN RD, STE 202		
CITY - ST - ZIP	MIAMI BEACH, FL 33139		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODOLFO I.		
STREET ADDRESS	235 LINCOLN RD, STE 202		
CITY - ST - ZIP	MIAMI BEACH, FL 33139		
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: 		RICARDO J METRAL, DIRECTOR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	
		04/28/00 305-538-5902	