

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093459

1. Entity Name

METRO ASSET RECOVERY CORP.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90113 038 ***150.00

Principal Place of Business

1390 S DIXIE HWY
CORAL GABLES FL 33146

Mailing Address

1390 S DIXIE HWY
CORAL GABLES FL 33146-2927

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

9350 So Dixie Hwy
Floor # 11
Miami FL

Zip

Country

33156

Country

4. FEI Number

65-0546709

Applied For

Not Applicable

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

COVE, JOHN R
1390 S DIXIE HWY
CORAL GABLES FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

9350 So Dixie Hwy
City Miami FL

Zip Code

33156

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 reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	EGGLAND, DANIEL C	
STREET ADDRESS	1390 S DIXIE HWY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	O	<input type="checkbox"/> Delete
NAME	COVE, JOHN R	
STREET ADDRESS	1390 S DIXIE HWY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

1/31/2000

Date

Daytime Phone #

CR2E034 (9/99)