

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000093459**

1. Entity Name

METRO ASSET RECOVERY CORP.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90095 028 ***150.00

Principal Place of Business

1390 S DIXIE HWY
CORAL GABLES FL 33146

Mailing Address

9350 S DIXIE HWY
FLOOR # 11
MIAMI FL 33156

2. Principal Place of Business

9350 S Dixie HwySuite, Apt. #, etc.
Floor 11City & State
Miami FLZip
33156

Country

3. Mailing Address

9350 S Dixie Hwy

Suite, Apt. #, etc.

Floor #11

City & State

Miami FLZip
33156

Country



DO NOT WRITE IN THIS SPACE

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

Gary Moss
MetroBank
9350 S DIXIE HWY
MIAMI FL 33156

Name

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

9350 S. Dixie HwyCity **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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	EGGLAND, DANIEL C	1390 S DIXIE HWY CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete	D	Moss, Gary D.	9350 South Dixie Hwy Miami FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	O	COVE, JOHN R	1390 S DIXIE HWY CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete	O	DeLella, Diane	9350 South Dixie Hwy Miami FL 33156	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

CR2E034 (10/00)