

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90203 042 ***150.00

DOCUMENT # P94000093459

1. Entity Name

METRO ASSET RECOVERY CORP.

DO NOT WRITE IN THIS SPACE

B0058909

2. Principal Place of Business

9350 S Dixie Hwy

3. Mailing Address

9350 S Dixie Hwy

Suite, Apt. #, etc.

Floor 11

Suite, Apt. #, etc.

Floor 11

City & State

Miami FL

City & State

Miami FL

Zip

33156

Country

Zip

33156

Country

4. FEI Number 65-0546709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

9350 S. Dixie Hwy - 11th Floor

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 D
NAME Moss, Gary D.
STREET ADDRESS 9350 South Dixie Hwy
CITY-ST-ZIP Miami FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE O
NAME DeLella, Diane
STREET ADDRESS 9350 South Dixie Hwy
CITY-ST-ZIP Miami FL 33156

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Diane DeLella

Diane DeLella

3/22/02

305-233-1377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)