FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 27, 2002 8:00 am § Secretary of State DOCUMENT # P95000021013 1. Entity Name 05-27-2002 90498 018 ***150 00 METRO-TECH CONSTRUCTION, INC. Principal Place of Business Mailing Address 2748 NW 9TH LANE 2748 NW 9TH LANE WILTON MANORS FL 33311 WILTON MANORS FL 33311 2. Principal Place of Busines 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PARK. DAKLAND 65-0583884 UAKKANO Not Applicable Country U5 ^{Zip} 33301 \$8.75 Additional 5. Certificate of Status Desired 3309 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent XRIGHT WRIGHT, LEONARD Street Addr 2748 NW 9TH LANE **WILTON MANORS FL 33311** \hat{z} 8. The above name of entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete ☐ Addition NOGUEZ, FRANK NAME NOGUEZ, FRANK NAME 841 NW 3545t STREET ADDRESS 2748 NW 9TH LANE STREET ADDRESS ONKLAND PARK FL 33309 CITY-ST-ZIP WILTON MANORS FL 33311 CITY-ST-ZIP WRIGHT, LEWARD 841 NW 354 ST ☐ Delete TITLE TITLE NAME NAME WRIGHT, LEONARD STREET ADDRESS STREET ADDRESS 2748 NW 9TH LANE ONKLAND PARK, FL 33309 CITY-ST-ZIP CITY-ST-7IP WILTON MANORS FL 33311 TITLE TITLE F ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

OR DIRECTOR

7/30/02 7

954-599-3613

Daytime Phone #