


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90405 020 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060608
 1. Entity Name
met Traders, Inc



90122031

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9100A NW 58th St
 Suite, Apt. #, etc.

3. Mailing Address
9100A NW 58th St
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-0606820

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Zip
33178 Country
USA

Zip
33178 Country
USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Luis M. Fernandez

Street Address (P.O. Box Number is Not Acceptable)
6720 E cypresshead Dr.

City
Miami FL Zip Code
33067

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 04/28/03

FEE IS \$36.00
 Make Check Payable to Florida Department of State
 DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>Luis M. Fernandez</u> <u>6720 E cypresshead Dr</u> <u>Miami, FL 33067</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: [Signature] DATE 04/28/03 DAYTIME PHONE # 305-406-3899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE