FILED

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2002 8:00 am Secretary of State P96000007447 DOCUMENT # 1. Entity Name 04-17-2002 90111 030 ***150.00 METRO REALTY SERVICES, INC. Principal Place of Business Mailing Address 1786 N.W. 55 AVE OFFICE 1786 N.W. 55 AVE OFFICE FORT LAUDERDALE FL 33313 FORT LAUDERDALE FL 33313 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0643895 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONOUGH, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 1786 NW 55 AVE LAUDERHILL FL 33313 Zip Code 8. The above named ered office or registered agent, or both, in the State of Florida. SIGNATURE TE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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, (9/01)TITLE ☐ Change ☐ Addition TITLE ☐ Delete MCDONOUGH, RICHARD W. NAME NAME 1786 NW 55 AV STREET ADDRESS 1750 NW 55TH AVE, OFFICE STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33313 LAUDEMILL, Fl 3331 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NÂME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAMÈ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS REET ADDRESS CiTY-ST-ZIP I hereby certify that the information supplied with this filing d ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to All have the same legal effect as if made under oath; that I am an officer or director Chaote 607, Florida Statules; and that my name appears in Block 11 or Block 12 if ccurate of the corporation or the receichanged, or on an attachme