

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90268 009 ***150.00

DOCUMENT # P96000051737

1. Entity Name

METROPOLIS LOUNGE, INC.

Principal Place of Business		Mailing Address	
3447 W KENNEDY BLVD TAMPA FL 33609		5305 N ARMENIA AVE TAMPA FL 33603-1409 US	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number	59-3388387	Applied For	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		<input type="checkbox"/> Not Applicable			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DIAZ, JOSEPH L. 2522 W KENNEDY BLVD TAMPA FL 33609				Name Street Address (P.O.-Box Number is Not Acceptable) City FL Zip Code			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	O'STEEN, TONI F	NAME					
STREET ADDRESS	3447 W KENNEDY BLVD	STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP					

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:

TONI F. OSTEEEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00
Date

Daytime Phone #

CR2E034 (9/99)