

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062770

1. Entity Name

Metro Group International, Inc.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90016 024 ***150.00

Principal Place of Business

Mailing Address

444 Brickell Avenue
Suite 804
Miami, FL 33131

2. Principal Place of Business

3042 N. Federal Hwy
Suite, Apt. #, etc.
200

3. Mailing Address

3042 N. Federal Hwy
Suite, Apt. #, etc.
200

DO NOT WRITE IN THIS SPACE

City & State

Font Lauderdale, FL
Zip 33306 Country USA

City & State

Font Lauderdale, FL
Zip 33306 Country USA

4. FEI Number

65-0916829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301 vs

7. Name and Address of New Registered Agent

Name Rubin Martin
Street Address (P.O. Box Number is Not Acceptable)
3042 N. Federal Hwy
City Font Lauderdale, FL Zip Code 33306

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

Martin Rubin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Rubin, Martin	
STREET ADDRESS	444 Brickell Ave, Ste 804	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gnant, Anthony L.	
STREET ADDRESS	3042 N. Federal Hwy # 200	
CITY-ST-ZIP	Font Lauderdale, FL 33306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

4/24/00

Date

954 630-8560

Daytime Phone #

CR2E034 (9/99)