FILED May 22, 2002 8:00 am § Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P96000062770 1. Entity Name 05-22-2002 90130 042 ***150 00 METRO GROUP INTERNATIONAL, INC. Principal Place of Business Mailing Address 3042 N. FEDERAL HWY. 3042 N. FEDERAL HWY. STE 200 STE 200 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address 3899 BISCAYNE N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 65-0916829 CATTATIONS Not Applicable Zip \$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 ひいて MARTIN, RUBIN Street Address (P.O. Box Number is Not Acceptable) 3042 N. FEDERAL HWY 108 FORT LAUDERDALE FL 33306 8. The bove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete MARTINIZIPIN NAME GRANT, ANTHONY L NAME 53 NW 108 WAY STREET ADDRESS STREET ADDRESS 3042 N. FEDERAL HWY #260 PLAUTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33306 ☐ Delete TITLE _ Addition TITLE Change 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

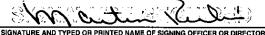
TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



☐ Delete

APRIL 29202(954)275-0041

Daytime Phone #

Change

Addition |