

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083343

1. Entity Name

METRO BANK FINANCIAL SERVICES, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90028 015 ***150.00

Principal Place of Business

1390 S. DIXIE HIGHWAY
CORAL GABLES FL 33146

Mailing Address

1390 S. DIXIE HIGHWAY
CORAL GABLES FL 33146-2927

2. Principal Place of Business

3. Mailing Address

9350 So Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Floor #11

City & State

MIAMI FLA

Zip

Country

Zip

Country

33156

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0702608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EGGLAND, DANIEL C
C/O METRO BANK OF DADE COUNTY
1390 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

9350 So Dixie Hwy

City

MIAMI

FL

Zip Code

33156

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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HAVENICK, FRED
CITY-ST-ZIP 1390 S DIXIE HIGHWAY
CORAL GABLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS LEDER, NATHAN I
CITY-ST-ZIP 1390 S DIXIE HIGHWAY
CORAL GABLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS EGGLAND, DANIEL C
CITY-ST-ZIP 1390 S DIXIE HIGHWAY
CORAL GABLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MOSS, GARY
CITY-ST-ZIP 1390 S DIXIE HIGHWAY
CORAL GABLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS COVE, JOHN R
CITY-ST-ZIP 1390 S DIXIE HIGHWAY
CORAL GABLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 legal empowerment.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)