

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083343

1. Entity Name

METRO BANK FINANCIAL SERVICES, INC.

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90058 036 \*\*\*150.00

Principal Place of Business

1390 S. DIXIE HIGHWAY  
CORAL GABLES FL 33146

Mailing Address

9350 S DIXIE HIGHWAY  
FLOOR 11  
MIAMI FL 33156

922415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9350 S Dixie Hwy

Suite, Apt. #, etc.

Floor 11

City & State

Miami FL

Zip

33156

Country

3. Mailing Address

9350 S. Dixie Hwy

Suite, Apt. #, etc.

Floor 11

City & State

Miami FL 33156

Zip

33156

Country

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

~~XXXXXXXXXXXXXXXX~~ Moss, Gary D.  
C/O METRO BANK OF DADE COUNTY  
9350 S DIXIE HIGHWAY  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

9350 S 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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS HAVENICK, FRED  
CITY-ST-ZIP 1390 S DIXIE HIGHWAY  
CORAL GABLES FL

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS DeLella, Diane  
CITY-ST-ZIP 9350 S Dixie Hwy  
Miami FL 33156

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)