2002 UNIFOR	BUSINESS REPORT (UBR)					
DOCUMENT # 1. Entity Name METALADE FL, INC.	P97000038353					
Principal Place of Business	Mailing Address					
% RICHARD F. GROTH	% RICHARD F. GROTH					
16 RABBITS RUN	16 RABBITS RUN					
PALM BEACH GARDENS FL 33418	PALM BEACH GARDENS FL 33418					

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Principal Place of Business 3. Mailing Address				c c					
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State City & State			<u>. </u>		4. FEI Number 65-0751340			oplied For ot Applicable	
Country	Zip	Count	lry	5. (Certificate of Status Desired				
ame and Address of Current F	legistered Agent			. 7. N	iame and Address of New	Registered A	gent		
RD F			Name Street Ar	Idross (P.O. B	ox Number is Not Acceptab	le)		1	
16 RABBITS RUN WEST PALM BEACH FL 33418			Chock Address (L.C. Box Harrison to Not Proceptually)						
		•	City			FL	Zip Cod	e	
	od title if applicable. (NOTE	E: Registered	d Agent signatu	re required when re		lorida.			
eligible to satisfy its Intangible ent and elects to do so.	After May 1, 200 Make Check Payab	02 Fee v	will be \$5	50.00 of State	Trust Fund Contributi	on. \square	Added	0 May Be I to Fees	
OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TH, RICHARD F BBITS RUN F PALM BEACH FL 33418	☐ Delete	NAME STREE	ET ADDRESS				Change	☐ Addition	
ER, SCOTT A TAVESTOCK LOOP ER SPRINGS FL 32708	☐ Delete	NAME STREE	ET ADDRESS	CARTE 385 N SANFOR	R, SCOTT A NILLER RD RD. FL 3277		Change	☐ Addition	
	· Delete	NAME STREE	ET ADDRESS		ه ایستان داده ایستان کارد داده ایستان کارد داده این این این کارد داده این این این کارد داده این این این کارد د		·Change	☐ Addition	
	☐ Delete	name Stree	ET ADDRESS	·		,	☐ Change	☐ Addition	
	☐ Delete	STREE	ET ADDRESS				Change	Addition	
	☐ Delete	NAME STREE	ET ADDRESS ST-ZIP				☐ Change	Addition	
	ame and Address of Current R ACH FL 33418 entity submits this statement for syped or printed name of registered agent are eligible to satisfy its Intangible ent and elects to do so. ck) OFFICERS AND COMMITTER TO STATE THE STATE STA	City & State Country Zip The parameter and Address of Current Registered Agent ACH FL 33418 Characteristic process of changing its statement for the purpose of changing its statement for the purpose of changing its statement and title if applicable. (NOTI City & State Country Zip ACH FL 33418 Characteristic process of Current Registered Agent (NOTI City & State Country Zip ACH FL 33418 FILE NOW! After May 1, 20 Make Check Payak Delete Delete Delete Delete	City & State Country Zip Country Zip Country ACH FL 33418 CHACH FL 33418 FILE NOW!!! FEE After May 1, 2002 Fee to Make Check Payable to Decently Chaches The Country Chaches	Country Zip Country Zip Country ACH FL 33418 City Street Ach City ACH FL 33418 City C	City & State Country Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. B ACH FL 33418 City City Street Address (P.O. B Note: Registered Agent signature required when registered agent and attention in applicable PLE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS TH. RICHARD F BBITS RUN PALM BEACH FL 33418 ER, SCOTT A AVESTOCK LOOP ER SPRINGS FL 32708 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	City & State Country Country Country Country Country Country S. Certificate of Status Desired 7. Name and Address of New Name Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City Soft in the State of File Now III FeE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS Trust Fund Contribution FILE NOW III FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS Trust Fund Contribution TRUE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP Delete	City & State Country Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered A Port Address of New Registered A Name Street Address (P.O. Box Number is Not Acceptable) City FL antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL City City FL City FL City FL City FL City FL City City	Country Zip Country 5. Certificate of Status Desired S.75 atts Readers of Country 5. Certificate of Status Desired S.75 atts Rea Requirement and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name	

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.

GNATURE:

| Column | Column

SIGNATURE:

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