

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000056269**

1. Entity Name

**METROPOLITAN DEVELOPMENT CORPORATION**

Principal Place of Business

168 SE 1ST  
802  
MIAMI FL 33131

Mailing Address

P O BOX 110223  
MIAMI FL 33111  
US

2. Principal Place of Business

3. Mailing Address

168 SE 1 ST.

Suite, Apt. #, etc.

803

Suite, Apt. #, etc.

City &amp; State

City &amp; State

MIAMI, FL ~~331~~

Zip

33131

Country

USA

Zip

Country

4. FEI Number 65-0763200

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

KAHN, DONALD J  
317 71ST ST.  
MIAMI BEACH FL 33141

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SHERMAN, ALAN J  
P.O. BOX 110233  
MIAMI FL 33111 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
SHERMAN, ALAN J  
P.O. BOX 110233  
MIAMI FL 33111 ☐ DeleteTITLE  
NAME  
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CITY - ST - ZIP  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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

JEFF SHERMAN

2/6/01

Date

305 375 0720

Daytime Phone #

0494808

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE