2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # **P97000076684** METRO LINK AUTOMATION, INC. 05-03-2000 90077 017 ***150.00 Mailing Address Principal Place of Business 4711 N POWERLINE ROAD 4711 N POWERLINE ROAD FORT LAUDERDALE FL 33309-3805 FORT LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business Andrews Way 5807 N. Adrews 5807 N DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0778557 Not Applicable Country Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired 33309 3 Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent TITTLE, JIM Street Address (P.O. Box Number is Not Acceptable) 823 NORTH OLIVE AVENUE WEST PALM BEACH FL 33401 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE VON ESSEN, GEORGE MORGAN NAME NAME STREET ADDRESS **4711 N POWERLINE ROAD** STREET ADDRESS 5807 N. Andrews way CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Detete TITLE PAXINOS, GARRY M NAME NAME 5807 N. Andrews Way STREET ADDRESS STREET ADDRESS 4711 N POWERLINE ROAD CITY-ST-ZIP CITY-ST-7IP Ft. hauderdale, Fl FORT LAUDERDALE FL 33309 Addition TITLE ☐. Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAMÉ NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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.