

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0502248 AV

DOCUMENT # P97000094131

1. Entity Name

METALTRADE (USA) INC.

04-03-2002 90016 025 ***150.00

Principal Place of Business

C/O COAST TO COAST REALTY
11232 TAMiami TRAIL N
NAPLES FL 34110-1640

Mailing Address

C/O COAST TO COAST REALTY
11232 TAMiami TRAIL N
NAPLES FL 34110-1640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Coast-to-Coast Realty
Suite, Apt. #, etc.
267 N. Collier Blvd. #204

3. Mailing Address

c/o Coast-to-Coast Realty
Suite, Apt. #, etc.
267 N. Collier Blvd. #204

City & State

Marco Island, FL

City & State

Marco Island, FL

4. FEI Number

65-0791761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROLLER, PETRA
C/O COAST TO COAST
11232 TAMiami TRAIL N
NAPLES FL 34110-1640

7. Name and Address of New Registered Agent

Name
ROLLER, PETRA

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

C/O COAST-TO-COAST REALTY

267 N. COLLIER BLVD, #204

City

MARCO ISLAND

FL

Zip Code

34145

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

P. Roller

P

PETRA ROLLER

01/12/2002

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
WOLF-DIETER, ABERLE
EMANUEL VON KETTLER - STR. 26
D59229 AHNEN, GERMANY

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15.03.02

02382-98100

Date

Daytime Phone #

CR2E034 (9/01)