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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State
05-24-2001 90497 016 ***150.00

DOCUMENT # P98000011107

1. Entity Name
METRO TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
2153 N.W. 79 AVENUE MIAMI, FL 33126	7963 NW 14 STREET MIAMI, FL 33126

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	221 NE 129 STREET Suite, Apt. #, etc.
City & State	City & State: NORTH MIAMI FL
Zip / Country	Zip: 33161 / Country: DADE

4. FEI Number: 65-0810019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, SEAN L
1450 MADRUGA AVENUE STE 202
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name: BRIAN M YOUNG
Street Address (P.O. Box Number is Not Acceptable): 221 NE 129 STREET
City: NORTH MIAMI FL Zip Code: 33161

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]
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) ☐

[redacted]

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 YOUNG, BRIAN M 2153 N.W. 79TH AVENUE MIAMI, FL 33126	☐ Delete		☐ Change ☐ Addition
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CR2E034 (11/00)

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 the address, with all other like empowered.

SIGNATURE: [signature] 5/1/01 (305) 406-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #