

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90172 034 ***158.75

DOCUMENT # P98000011107

1. Entity Name
METRO TECHNOLOGIES, INC.



Principal Place of Business
253 NE 166 STREET
MIAMI FL 33162
US

Mailing Address
221 NE 129TH STREET
NORTH MIAMI FL 33161

2. Principal Place of Business
253 NE 166th Street
Suite, Apt. #, etc.

3. Mailing Address
221 NE 129th Street
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
North Miami, FL

4. FEI Number **65-0810019**

Applied For
Not Applicable

Zip **Country**
33162 **Dade**

Zip **Country**
33161 **Dade**

5. Certificate of Status Desired **xx** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, BRIAN M
221 NE 129TH STREET
NORTH MIAMI FL 33161

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **YOUNG, BRIAN M**
STREET ADDRESS **253 NE 166 STREET**
CITY-ST-ZIP **MIAMI FL 33162**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/03 (305) 945-8001
Date **Daytime Phone #**

CR2E034 (10/02)