

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90261 022 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042004

1. Entity Name
THE METROPOLIS OF SOUTH BEACH, INC.

Principal Place of Business Mailing Address
934 16th ST., #6 **934 16th St., #6**
Miami Beach, FL **Miami Beach, FL**
33139 **33139**

C0073678

2. Principal Place of Business 3. Mailing Address
1551 Lenox **1551 Lenox**

Suite, Apt. #, etc. Suite, Apt. #, etc.
#2 **#2**

DO NOT WRITE IN THIS SPACE

City & State City & State
Miami Beach, FL **Miami Beach, FL**

4. FEI Number Applied For
65-0838503 Not Applicable

Zip Country Zip Country
33139 **USA** **33139** **USA**

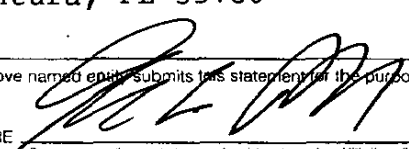
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

GARY L. BROWN
20803 Biscayne Blvd., #200
Aventura, FL 33180

Name **GARY L. BROWN**
Street Address (P.O. Box Number is Not Acceptable) **4000 Hollywood Blvd. - #265-S**
City **Hollywood** **FL** Zip Code **33021**

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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 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	PSTD ANDREA GREENWALD 1551 Lenox, #2 Miami Beach, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Andrea Greenwald Date: 6/22/01 305-604-6005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)