

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074925

1. Entity Name

INVERSIONES METASONICO CO.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90161 035 ***150.00

Principal Place of Business

6641 NW 82 AVE
MIAMI FL 33166
US

Mailing Address

2509 NW 72 AVE
PO BOX 025322
MIAMI FL 33102-5322
US

2. Principal Place of Business

8220 NW 68 St.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 025322

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0859284

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33102-5322

Country

US

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

A
GEBRON, SAMIR J
6641 NW 82 AVE
MIAMI FL 33166

Name GEBRON, SAMIR J.

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

8220 NW 68 St.

City Miami

FL

Zip Code 33166

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

Samir Gebran

April 05, 2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTD	<input type="checkbox"/> Delete
NAME	BIANCHINI, MARIA G SC	
STREET ADDRESS	6511 NORTHWEST 87 AVENUE	
CITY-ST-ZIP	MIAMI FL 33102-5322	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	GEBRAN, SAMIR J PH.D.	
STREET ADDRESS	6511 NORTHWEST 87 AVENUE	
CITY-ST-ZIP	MIAMI FL 33102-5322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8220 NW 68 St	
CITY-ST-ZIP	Miami FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8220 NW 68 St	
CITY-ST-ZIP	Miami FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 05, 2000

305-3929979