

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90058 033 ***550.00

DOCUMENT # P98000074925

1. Entity Name
INVERSIONES METASONICO CO.

Principal Place of Business

**8220 NW 68 ST
 MIAMI FL 33166
 US**

Mailing Address

**P.O. BOX 025322
 MIAMI FL 33102-5322
 US**

2. Principal Place of Business

8211 NW 68 ST

Suite, Apt. #, etc.

3. Mailing Address

8211 NW 68 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0859284

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GEBRON, SAMIR J
 8220 NW 68 ST
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

GEBRON, SAMIR J.

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

8211 NW 68 ST

City

Miami FL

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. 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

Aug. 16, 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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **VTD**
 NAME **BIANCHINI, MARIA G SC**
 STREET ADDRESS **8220 NW 68 ST**
 CITY-ST-ZIP **MIAMI FL 33162** ☐ Delete

TITLE **PTD**
 NAME **GEBRON, SAMIR J PH.D.**
 STREET ADDRESS **8220 NW 68 ST**
 CITY-ST-ZIP **MIAMI FL 33162** ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CR2E034 (4/02)

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

Aug. 16, 2002 305-4956066

Date

Daytime Phone #