

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90248 003 ***150.00

DOCUMENT # P98000075682

1. Entity Name

METRO FIBERLINK, INC.

Principal Place of Business

Mailing Address

**2855 S. CONGRESS AVE.
 SUITE B
 DELRAY BEACH FL 33445**

**2855 S. CONGRESS AVE.
 SUITE B
 DELRAY BEACH FL 33445**

80071648



2. Principal Place of Business

3. Mailing Address

**3314 LOWSON BLVD
 Suite, Apt. #, etc.**

**3314 LOWSON BLVD
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

City & State

DELRAY BEACH, FL

DELRAY BEACH, FL

Zip

Country

Zip

Country

33445 PALM BEACH

33445 PALM BEACH

4. FEI Number

65-0861264

Applied For

Not Applicable

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

LEVITT, DREW M

2855 S. CONGRESS AVE.

SUITE B

DELRAY BEACH FL 33445

Name

DREW M. Levitt

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

855 So. Federal Highway

Suite 212

BOCA RATON

FL

Zip Code

33432

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

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, 2002 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 **COB** ☐ Delete
 NAME **VAN ARNEM, HAROLD**
 STREET ADDRESS **2855 S CONGRESS AVE STE B**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **DP** ☒ Delete
 NAME **DAVIS, JEFFREY A**
 STREET ADDRESS **2855 S CONGRESS AVE STE B**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **CFO** ☒ Delete
 NAME **TRANSLEAU, ANDREW**
 STREET ADDRESS **2855 S CONGRESS AVE STE B**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **S** ☒ Delete
 NAME **LEVITT, DREW M**
 STREET ADDRESS **2855 S CONGRESS AVE STE B**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☒ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **BETTY E. ALLEN**
 CITY-ST-ZIP **733 NO. OCEAN BLVD**
DeLray Beach FL 33444

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Betty E. Allen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)