

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000224

1. Entity Name

METRO CHEFS FOR HIRE, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90118 038 ***150.00

Principal Place of Business 1245 COURT STREET,STE.102 CLEARWATER FL 33756	Mailing Address 1245 COURT STREET,STE.102 CLEARWATER FL 33756-5856
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2. Principal Place of Business 5209 CENTRAL AVE Suite, Apt. #, etc.	3. Mailing Address 5209 CENTRAL AVE Suite, Apt. #, etc.
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City & State TAMPA FL	City & State TAMPA FL	4. FEI Number 59-3548584	Applied For <input type="checkbox"/> Not Applicable
Zip 33603	Country	Zip 33603	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. 1245 COURT STREET,STE.102 CLEARWATER FL 33756	7. Name and Address of New Registered Agent Name SCOTT A. CARNES Street Address (P.O. Box Number is Not Acceptable) 5209 CENTRAL AVE City TAMPA FL Zip Code 33603
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASSMAN, ALAN S 1245 COURT STREET,STE.102 CLEARWATER FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNES, SCOTT A 405 E. PARK AVE TAMPA FL 33603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(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

4/12/2000
Date

813-238-3229
Daytime Phone #

CR2E034 (9/99)