## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000071449 1. Entity Name METLABS, INC. OI APR 26 PM 3: 43 SECRETARY OF STATE Principal Place of Business Mailing Address Tallahassee. Florida 500 AUSTRALIAN AVENUE S. 500 australian avenue s. **SUITE 1000** SUITE 1000 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State <del>SPPLIED FOR</del> 65-104 Not Applicable \$8.75 Additional Zip Country Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUR, LAZARO J ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2665 S. BAYSHORE DRIVE SUITE 703 **COCONUT GROVE FL 33133** Zip Code City FL 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 (NOT Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2( )1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payal le to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Change TITLE PD ☐ Delete TITLE STERNBERG, FRED NAME NAME STREET ADDRESS STREET ADDRESS 500 AUSTRALIAN AVENUE S. CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401 8000041541685 - Add 66 8 - - Ad ☐ Delete TITLE TITLE NAME GERSTENFELD, MARK NAME \*\*\*2300.00 \*\*\*\*150.00 STREET ADDRESS STREET ADDRESS 500 AUSTRALIAN AVENUE S. CITY-ST-7IP CITY-ST-ZIE WEST PALM BEACH FL 33401 Change ☐ Addition ☐ Delete TITLE TITLE NAME FINNEL, DEBBIE NAME STREET ADDRESS 500 AUSTRALIAN AVENUE S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition Delete TITLE TITLE NAME CAHR, MICHAEL NAME STREET ADDRESS STREET ADDRESS 500 AUSTRALIAN AVENUE S. CITY-ST-ZIP CITY-ST-ZIP west Palm Beach FL 33401 TITLE Change ☐ Addition ☐ Delete TITLE NAME HEIMAN, MARVIN NAME STREET ADDRESS STREET ADDRESS 500 AUSTRALIAN AVENUE S. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

changed, or on an attachment with an with all other like empowered

PRESTE, PAUL

500 AUSTRALIAN AVENUE S.

WEST PALM BEACH FL 33401

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

13. Thereby 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 it is 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 simplement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

☐ Change

☐ Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete