

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91786 043 ***150.00

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DOCUMENT # P99000108785

1. Entity Name

METRO MANAGEMENT & MAINTENANCE, CORP.



Principal Place of Business

8249 NW 36

214

MIAMI FL 33166

Mailing Address

~~8249 NW 36~~

~~214~~

MIAMI FL 33166

2. Principal Place of Business

8249 NW. 36TH ST

3. Mailing Address

8249 NW. 36TH ST

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

210

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

MIAMI-DADE

Zip

33166

Country

MIAMI-DADE

4. FEI Number

65-1031820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CAMONES, MIGUEL A

8249 NW 36 STE 214

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

8249 NW. 36TH ST STE 210

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. 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)

4-30-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **CAMONES, MIGUEL A**
STREET ADDRESS **8249 NW 36 ST STE 214**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
NAME **8249 NW. 36TH ST STE 210**
STREET ADDRESS **MIAMI, FL 33166**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 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

4/30/03

Date

(305) 718-3667

Daytime Phone #

CR2E034 (10/02)