2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00512

1. Entity Name

METEC ASSET MANAGEMENT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 22 PM 2:56

Principal Place of Business	Mailing Address
2100 CORAL WAY, SUITE 300 MIAMI FL 33145	2100 CORAL WAY, SUITE 300 MIAMI FL 33145

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0349585 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TORANO, ~~ARTHUR J~~
~~1000 BRICKELL AVE., STE 450~~
~~MIAMI FL 33131~~
DELETE

7. Name and Address of New Registered Agent

Name ROBERT R. MILLER

Street Address (P.O. Box Number is Not Acceptable) 2100 CORAL WAY #300

City MIAMI FL Zip Code 33145

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 R M Miller
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

300008540563
02/05/02--90087--030 **213.75

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM METEC ASSET MANAGEMENT, INC. 2100 CORAL WAY, SUITE 300 MIAMI FL 33145	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HERNANDEZ, RICHARD 5706 MAIDEN LANE BETHESDA, MD 20817 PRESIDENT	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TORANO, ERIC J 2100 CORAL WAY, SUITE 300 MIAMI FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	02/05/02--90087--030 **213.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/23/02	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 1-18-02 305-860-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #