

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P95000040064

1. Entity Name  
Metropolitan Investment Corporation

**FILED**  
00 MAR -2 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 201 Sevilla Ave Ste 301, Coral Gables Fl 33134  
Mailing Address: 201 Sevilla Ave Ste 301, Coral Gables Fla. 33134

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

DO NOT WRITE IN THIS SPACE

4. FEI Number: N/A  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Gianni Garibaldi  
201 Sevilla Ave Ste 301  
Coral Gables Fl 33134

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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 \_\_\_\_\_ (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, 2000 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   |                        |
|--|------------------------|
| TITLE: President <input type="checkbox"/> Delete                     | NAME: Gianni Garibaldi |
| STREET ADDRESS: 201 Sevilla Ave Ste 301                              |                        |
| CITY-ST-ZIP: Coral Gables Fl 33134.- <input type="checkbox"/> Delete |                        |
| TITLE: _____ <input type="checkbox"/> Delete                         | NAME: _____            |
| STREET ADDRESS: _____  |                        |
| CITY-ST-ZIP: _____   |                        |
| TITLE: _____ <input type="checkbox"/> Delete                         | NAME: _____            |
| STREET ADDRESS: _____  |                        |
| CITY-ST-ZIP: _____   |                        |
| TITLE: _____ <input type="checkbox"/> Delete                         | NAME: _____            |
| STREET ADDRESS: _____  |                        |
| CITY-ST-ZIP: _____   |                        |
| TITLE: _____ <input type="checkbox"/> Delete                         | NAME: _____            |
| STREET ADDRESS: _____  |                        |
| CITY-ST-ZIP: _____   |                        |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                          |             |
|--|-------------|
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ |
| STREET ADDRESS: 000003169960--6  |             |
| CITY-ST-ZIP: -03/14/00--01121--015   |             |
| ****150.00 ****150.00  |             |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ |
| STREET ADDRESS: _____  |             |
| CITY-ST-ZIP: _____   |             |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ |
| STREET ADDRESS: _____  |             |
| CITY-ST-ZIP: _____   |             |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ |
| STREET ADDRESS: _____  |             |
| CITY-ST-ZIP: _____   |             |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> 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: Gianni Garibaldi 2/14/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**KE**