## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 205448

1. Entity Name

## MYERS LUGGAGE INC

Principal Place of Business
329 1/2 CLEMATIS ST
WLS: PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

329 1/2 CLEMATIS ST

3. Mailing Address

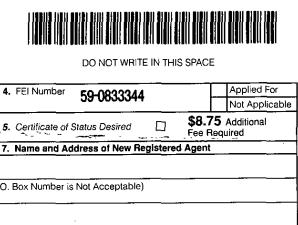
City & State

Suite, Apt. #, etc.

WEST PALM BEACH FLA 33401-4613

## FILED Feb 10, 2000 8:00 am Secretary of State

02-10-2000 90055 008 \*\*\*150.00



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6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
MYERS,EDWIN R 329 1/2 CLEMATRS STREET WEST PALM BEACH FL 33401				Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
					City FL Zip Code						
8. The above	named entit	y submits this statement for	the purpose of changing its re-	gistered office or	registered age	ent, or both, in th	ne State of Florida.				
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE: R	egistered Agent signatur	re required when rei	instating)		DATE			
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)			FILE NOW!!! After MAY 1, 2000 Make Check Payable		50.00 of State	Trust Fur	Campaign Financi		Added	D May Be to Fees	
11.		OFFICERS AND D	IRECTORS	12.	ADI	DITIONS/CHAP	IGES TO OFFICER	S AND [	DIRECTORS	/IN 11	
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Country

13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

13/00

561-832-1888

Daytime Phone #