

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90155 041 \*\*\*558.75

**DOCUMENT # G19442**

1. Entity Name  
**MYRO, INC.**

Principal Place of Business  
 1070 EGRET LAKE WAY  
 500 AZALEA LANE  
 MELBOURNE FL 32940  
 US

Mailing Address  
 POB 411089  
 500 AZALEA LANE  
 MELBOURNE FL 32940  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1070 EGRET LAKE WAY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 411089**  
 Suite, Apt. #, etc.

City & State  
**MELBOURNE FL**  
 Zip  
**32940**  
 Country  
**FLORIDA**

City & State  
**MELBOURNE, FL**  
 Zip  
**32940**  
 Country  
**FLORIDA**

4. FEI Number **59-2289681**  
 Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DISQUE, PHILIP A.**  
**707 S E 3RD AVE SUITE 400**  
**FT. LAUDERDALE FL 33316-8155**

Name **SHEILA G. DESROSNIERS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1070 EGRET LAKE WAY**  
 City **MELBOURNE** **FL** Zip Code **32940**

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 *Sheila Desrosniers* **SHEILA G. DESROSNIERS** **7/17/00**  
Signature, typed or printed name of registered agent and title if applicable. (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SALAS, MYRIAM</b>
STREET ADDRESS	<b>1070 EGRET LAKE WAY</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>
TITLE	<b>PT</b> <input type="checkbox"/> Delete
NAME	<b>DISQUE, PHILIP A</b>
STREET ADDRESS	<b>707 SE 3RD AVE #400</b>
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>
TITLE	<b>SVP</b> <input type="checkbox"/> Delete
NAME	<b>DESROSNIERS, SHEILA G</b>
STREET ADDRESS	<b>1070 EGRET LAKE WAY</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32970</b>
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sheila Desrosniers* **REQUIRED** **7/17/00** **321 242 6646**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**SHEILA G. DESROSNIERS**