

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 26 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0027897 AF

DOCUMENT # L96000001136

1. Entity Name
MEYAIR, L.C.

Principal Place of Business
3165 N ATLANTIC AVE
COCOA BEACH FL 32931

Mailing Address
C/O SWISS LINK INC
P O BOX 320013
COCOA BEACH FL 32932-0013



MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3507888

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIOLET, SUZANNE
3165 N. ATLANTIC AVE
A-301
COCOA BEACH FL 32931

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 *S. Violet*

4-23-01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME VIOLET, SUZANNE ☐ Delete
STREET ADDRESS 3165 N ATLANTIC AVE
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Change ☐ Addition
NAME 300004194613-5
STREET ADDRESS -05/10/01-01138-006
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

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: *S. Violet*

4-23-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)