

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90210 049 \*\*\*\*61.25

**DOCUMENT # N99000004305**

1. Entity Name

**THE MEYER GROUP INCORPORATED**

Principal Place of Business

Mailing Address

230 HAMPTON LANE  
 KEY BISCAYNE FL 33149

230 HAMPTON LANE  
 KEY BISCAYNE FL 33149-1224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**435 ESPANOLA WAY**

3. Mailing Address

**435 ESPANOLA WAY**

Suite, Apt. #, etc.

**VILLA - B**

Suite, Apt. #, etc.

**VILLA - B**

City & State

**MIAMI BEACH, FL**

City & State

**MIAMI BEACH, FL**

4. FEI Number

**65-0935730**

Applied For

Not Applicable

Zip

**33139**

Country

**USA**

Zip

**33139**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEYER, MARK**  
**230 HAMPTON LANE**  
**KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**435 ESPANOLA WAY VILLA-B**

City

**MIAMI BEACH**

State

Zip Code

**FL 33139**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEYER, DAVID</b>	
STREET ADDRESS	<b>4917 WEST 114TH STREET</b>	
CITY-ST-ZIP	<b>BLOOMINGTON MN 55437</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>MEYER, MARK</b>	
STREET ADDRESS	<b>230 HAMPTON LANE</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCGARRY, SEAMUS</b>	
STREET ADDRESS	<b>575-706 CRANDON BLVD.</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILLMAN, BETH A</b>	
STREET ADDRESS	<b>7400 S.W. 63RD COURT</b>	
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33134</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, JOSEPHINE L</b>	
STREET ADDRESS	<b>13C SAINT JOHN'S ROAD, LONDON, EDGLAND</b>	
CITY-ST-ZIP	<b>UNITED KINGDOM SE20-7EF</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<del><b>PIEDRAHITA, FELIPE</b></del>	
STREET ADDRESS	<del><b>155-105W OCEAN LANE DRIVE</b></del>	
CITY-ST-ZIP	<del><b>KEY BISCAYNE FL 33149</b></del>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S BESOCKE, DAWN L</b>	
STREET ADDRESS	<b>87 YEW LANE</b>	
CITY-ST-ZIP	<b>BAILEY, COLORADO 80421</b>	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE (MARK) MEYER 04/24/00**

**561-222-3388**