

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90157 049 \*\*\*\*70.00

**DOCUMENT # N99000004305**

1. Entity Name

**THE MEYER GROUP INCORPORATED**

Principal Place of Business

**435 ESPANOLA WAY  
VILLA-B  
MIAMI BEACH FL 33139**

Mailing Address

**435 ESPANOLA WAY  
VILLA-B  
MIAMI BEACH FL 33139**

2. Principal Place of Business

**325 FERNWOOD RD.**

Suite, Apt. #, etc.

**VILLA 12**

City &amp; State

**KEY BISCAYNE, FL**Zip  
**33149**

Country

**USA**

3. Mailing Address

**325 FERNWOOD RD**

Suite, Apt. #, etc.

**VILLA 12**

City &amp; State

**KEY BISCAYNE, FL**Zip  
**33149**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0935730**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MEYER, MARK  
435 ESPANOLA WAY  
VILLA-B  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

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

**325 FERNWOOD RD****VILLA 12**

City

**KEY BISCAYNE**

FL

Zip Code

**33149**

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

**MARK MEYER****02/28/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$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 type="checkbox"/> Delete
NAME	<b>BESSOCKE, DAWN L</b>	
STREET ADDRESS	<b>87 YEW LANE</b>	
CITY-ST-ZIP	<b>BAILEY CO 80421</b>	

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
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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	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/28/01**

Date

**561-222-3368**

Daytime Phone #

CR2E037 (10/00)