

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 & State
KEY BISCAYNE, FL

Zip
33149

Country
USA

3. Mailing Address

325 FERNWOOD RD

Suite, Apt. #, etc.
VILLA 12

City & 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	D	<input type="checkbox"/> Delete
NAME	MEYER, DAVID	
STREET ADDRESS	4917 WEST 114TH STREET	
CITY-ST-ZIP	BLOOMINGTON MN 55437	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MEYER, MARK	
STREET ADDRESS	230 HAMPTON LANE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGARRY, SEAMUS	
STREET ADDRESS	575-706 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLMAN, BETH A	
STREET ADDRESS	7400 S.W. 63RD COURT	
CITY-ST-ZIP	SOUTH MIAMI FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	JACKSON, JOSEPHINE L	
STREET ADDRESS	13C SAINT JOHN'S ROAD, LONDON, EDGLAND	
CITY-ST-ZIP	UNITED KINGDOM SE20-7EF	
TITLE	S	<input type="checkbox"/> Delete
NAME	BESSOCKE, DAWN L	
STREET ADDRESS	87 YEW LANE	
CITY-ST-ZIP	BAILEY CO 80421	

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 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)