

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90002 035 \*\*\*150.00

DOCUMENT # P00000004453

1. Entity Name  
**MYRLEN, INC.**

Principal Place of Business      Mailing Address  
 P.O. BOX 8783                      P.O. BOX 8783  
 CORAL SPRINGS FL 33075        CORAL SPRINGS FL 33075

2. Principal Place of Business      3. Mailing Address  
**3814 NW 126<sup>TH</sup> AVE**                      Suite, Apt. #, etc.

City & State                      City & State  
**Coral Springs, FL**                      **Broward**  
 Zip                      Country  
**33065**                      **Broward**

4. FEI Number                      Applied For  
**22-2402110**                      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	
ROSE, PAUL S 3050 SOUTHWEST 14TH PLACE SUITE 3 BOYNTON BEACH FL 33426		Name Street Address (P.O. Box Number is Not Acceptable) <b>3814 NW 126<sup>TH</sup> AVE</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</b>	

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 *Paul S. Rose*      Paul S. Rose Secretary/Treasurer      1/4/01  
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.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, MYRNA 4106 MANCHESTER LAKE DRIVE LAKE WORTH FL 33467-8174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSE, LEONARD 4106 MANCHESTER LAKE DRIVE LAKE WORTH FL 33467-8174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSE, PAUL D S 4711 NW 119TH AVENUE CORAL SPRINGS FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSE, Paul S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul S. Rose*      Paul S. Rose (Secretary/Treasurer)      1/4/01      954 345-7778  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #

0496982

CR2E034 (10/00)