

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22683

1. Entity Name

MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90092 023 ***158.75

Principal Place of Business
818 W. BROOKS AVE.
NORTH LAS VEGAS NV 89030

Mailing Address
818 W. BROOKS AVE.
NORTH LAS VEGAS NV 89030-7828

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-3700598**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

SCHAEFFER, NEIL
27121 EDENBRIDGE COURT
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

Neil Schaeffer

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

8452 Gardens Circle #4

City

Sarasota

FL

Zip Code
34243

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

Neil Schaeffer

1/20/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
BIRD, ALLAN S
818 W. BROOKS AVE.
NORTH LAS VEGAS NV 89030

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS
GREEN, PATRICIA M
333 S. JUNIPER ST #217
ESCONDIDO CA 92025

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
BIRD, JOSHUA D
818 W. BROOKS AVE.
NORTH LAS VEGAS NV 89030

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Patricia M. Green
818 West Brooks Avenue
North Las Vegas, Nevada 89030

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

Patricia M. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia M. Green 1/20/00 (702)313-3700

Date

Daytime Phone #