

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22683

1. Entity Name

MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.

Principal Place of Business

818 W. BROOKS AVE.
NORTH LAS VEGAS NV 89030

Mailing Address

818 W. BROOKS AVE.
NORTH LAS VEGAS NV 89030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 95-3700598

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAEFFER, NEIL
8452 GARDENS CIRC #4
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name: Neil Schaeffer
Street Address (P.O. Box Number is Not Acceptable)
243 North Shore Drive
City: Osprey FL Zip Code: 34229

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

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, 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

| | | |
|----------------|--------------------------|--|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | BIRD, ALLAN S | |
| STREET ADDRESS | 818 W. BROOKS AVE. | |
| CITY-ST-ZIP | NORTH LAS VEGAS NV 89030 | |
| TITLE | VS | <input checked="" type="checkbox"/> Delete |
| NAME | GREEN, PATRICIA M | |
| STREET ADDRESS | 818 W. BROOKS AVE | |
| CITY-ST-ZIP | NORTH LAS VEGAS NV 89030 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | BIRD, JOSHUA D | |
| STREET ADDRESS | 818 W. BROOKS AVE. | |
| CITY-ST-ZIP | NORTH LAS VEGAS NV 89030 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Vice President / Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | James D. Salo | |
| STREET ADDRESS | 818 W. Brooks Avenue | |
| CITY-ST-ZIP | North Las Vegas, Nevada 89030 | |
| 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 | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/01

Date

(702) 315-5195

Daytime Phone #

CR2E034 (10/00)

0801771

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90060 001 ***793.75



DO NOT WRITE IN THIS SPACE