

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90345 009 ***150.00

DOCUMENT # P95000043655

1. Entity Name
MYO MESSAGE, INC.

Principal Place of Business 2611 N. HIATUS ROAD SUITE 103 COOPER CITY FL 33026	Mailing Address 2611 N. HIATUS ROAD SUITE 103 COOPER CITY FL 33026
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2. Principal Place of Business 4611 S. UNIVERSITY DR Suite, Apt. #, etc. #402 City & State DAVE FLORIDA Zip 33328	3. Mailing Address 4611 S. UNIVERSITY DR Suite, Apt. #, etc. #402 City & State DAVE FLORIDA Zip 33328
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0586417	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, BONNIE 9050 PINES BLVD. SUITE 384 PEMBROKE PINES FL 33024	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIN, HARLEY 13731 STIRLING ROAD FORT LAUDERDALE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4611 S. UNIVERSITY DR #402 DAVE FL 33328
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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: _____ Date: **2/27/01** Daytime Phone # _____

CR2E034 (10/00)