

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 03, 2003 8:00 am**  
**Secretary of State**

07-03-2003 90031 005 \*\*\*150.00

**DOCUMENT # P96000086488**

1. Entity Name  
**ARNOLD R. MEYER FAMILY HOLDINGS, INC.**



Principal Place of Business  
19707 TURNBERRY WAY  
#22AB  
AVENTURA FL 33180  
US

Mailing Address  
19707 TURNBERRY WAY  
#22AB  
AVENTURA FL 33180  
US

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 **65-0708676**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NELSON, BARRY A**  
**C/O NELSON & LEVINE, P.A.**  
**2775 SUNNY ISLES BLVD., SUITE 118**  
**N. MIAMI BEACH FL 33180**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **MEYER, ROSELYN**  
STREET ADDRESS **19707 TURNBERRY WAY, #22AB**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **T** ☐ Delete  
NAME **GILLMAN, JACQUELINE**  
STREET ADDRESS **2395 PHEASANT LANE**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **D** ☐ Delete  
NAME **MEYER, JON A**  
STREET ADDRESS **189 E. BAYBRIDGE DR.**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Delete  
NAME **MCCARTHY, LYNDA RAE**  
STREET ADDRESS **P.O. BOX 117**  
CITY-ST-ZIP **ASPEN CO 81612**

TITLE **D** ☐ Delete  
NAME **BARNEY, DEBORAH M**  
STREET ADDRESS **8300 NW 72ND ST**  
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **D** ☐ Delete  
NAME **NIELSON, SUSAN S**  
STREET ADDRESS **6118 N. 12TH PLACE, UNIT 10**  
CITY-ST-ZIP **PHOENIX AZ 85014**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03**

Date

**954 389 9849**

Daytime Phone #

CR2E034 (10/02)