

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090909

1. Entity Name

MEYER TRADING CORP.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90036 012 \*\*\*158.75

Principal Place of Business

1221 BRICKELL AVE  
STE 900  
MIAMI FL 33131  
US

Mailing Address

1221 BRICKELL AVE  
STE 900  
MIAMI FL 33131-3258  
US

2. Principal Place of Business

1221 BRICKELL AVENUE

3. Mailing Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 900

Suite, Apt. #, etc.

SUITE 240

City & State

MIAMI, FL

City & State

CORAL GABLES, FL

Zip

33131

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0706448

Applied For

Not Applicable

5. Certificate of Status Desired. ☒ ~~Yes~~

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRATS, GABRIEL

2121 PONCE DE LEON BLVD

STE 240

CORAL GABLES FL 33134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D GRIMBERG, DANIEL  
STREET ADDRESS 1221 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL 33131

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

TITLE ☐ Delete  
NAME PS GRIMBERG, CAROLYN  
STREET ADDRESS 1221 BRICKELL AVENUE, SUITE 900  
CITY-ST-ZIP MIAMI FL 33131

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

Daytime Phone #

CR2E034 (9/99)