

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0204545

DOCUMENT # P97000068375

1. Entity Name

MEYER ASARCH REALTY CORPORATION

05-17-2001 91290 033 ***150.00

Principal Place of Business

Mailing Address

**1601 BELVEDERE ROAD STE. 407
 STE 407 S
 WEST PALM BEACH FL 33406
 US**

**1601 BELVEDERE ROAD STE. 407
 STE 407 S
 WEST PALM BEACH FL 33406
 US**

ADDRESSES



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0790739**

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

7. Name and Address of New Registered Agent

**GERSON, GARY N
 1645 PALM BEACH LAKES BLVD. STE. 1200
 WEST PALM BEACH FL 33401**

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PSTD ASARCH, SAIL**
 STREET ADDRESS **1601 BELVEDERE ROAD, SUITE 407-S**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE Change Addition
 NAME **Asarch, Gail**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T MAPLES, PAUL**
 STREET ADDRESS **1601 BULVUDERE RD SUITE 407 S**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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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:

Gail Asarch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01
 Date

(561)689-6601
 Daytime Phone #

CR2E034 (10/00)