

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90132 036 ***150.00

DOCUMENT # *P97000081248.*

1. Entity Name

MYE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19535 SW 25th CT

Suite, Apt. #, etc.

3. Mailing Address

19535 SW 25th CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIRAMAR FL

City & State
MIRAMAR FL

4. FEI Number
65-0780718

Applied For
Not Applicable

Zip
33029.

Country
BROWARD.

Zip
33029.

Country
BROWARD.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MAGDALENA FERREIRA

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

19535 SW 25th CT

City
MIRAMAR

FL

Zip Code
33029.

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *P*
NAME
STREET ADDRESS
CITY-ST-ZIP
*MAGDALENA FERREIRA
19535 SW 25th CT
MIRAMAR FL 33029.*

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Magdalena Ferreira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-02

Date

914 801 4470

Daytime Phone #

CR2E034B (12/01)