## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 06, 2000 8:00 am Secretary of State DOCUMENT # **P98000020861** MYRLENE PRODUCTS, INC. 05-06-2000 90317 001 \*\*\*750.00 Mailing Address Principal Place of Business 712 U.S. HWY ONE 712 U.S. HWY ONE NO. PALM BEACH FL 33408-4509 NO. PALM BEACH FL 33408 11978 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0824919 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COHEN, FRED C Street Address (P.O. Box Number is Not Acceptable) 712 U.S. HWY ONE NO. PALM BEACH FL 33408 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PDT ☐ Change Addition Delete TITI F COHEN, FRED C NAME STREET ADDRESS 712 US HWY ONE STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP ☐ Change ☐ Addition VΡ ☐ Delete TITLE TITLE FUSILLO, DENNIS NAME NAME 712 US HWY ONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE LINCOLN, LARISSA K NAME 712 U HWY ONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1 CITY-ST-ZIP 119.07(3)(i), Florida Statutes. I further certify that the information to legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qualify for the ate and that n indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

E OF SIGNING OFFICER OR D