

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90889 024 \*\*\*150.00

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

**DOCUMENT #** P98000020861

1. Entity Name  
 MYRLENE PRODUCTS, INC.

**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| 2. Principal Place of Business<br>712 U.S. Highway One | 3. Mailing Address<br>712 U.S. Highway One |
| Suite, Apt. #, etc.<br>Ste 400                         | Suite, Apt. #, etc.<br>Ste 400             |
| City & State<br>North Palm Beach, FL                   | City & State<br>North Palm Beach, FL       |
| Zip<br>33408   | Country<br>US                              |

DO NOT WRITE IN THIS SPACE

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0824919                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

|   |
|---|
| Name<br>FRED C. COHEN   |
| Street Address (P.O. Box Number is Not Acceptable)<br>712 U.S. Highway One, Ste 400 |
| City<br>North Palm Beach, FL  |
| Zip Code<br>33408   |

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

|  |  |   |                                    |
|--|--|---|------------------------------------|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | <b>January 1 - May 1 Fee is \$150.00</b><br><b>After May 1, Fee is \$550.00</b><br><b>Amended UBR is \$61.25</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|--|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |  |  |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDT<br>COHEN, FRED C.<br>712 U.S. Highway One, Ste 400<br>No. Palm Beach, FL 33408 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FUSILLO, DENNIS<br>712 U.S. Highway One, Ste 400<br>No. Palm Beach, FL 33408 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>LINCOLN, LARISSA<br>712 U.S. Highway One, Ste 400<br>No. Palm Beach, FL 33408 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>         IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

SIGNATURE: Fred C. Cohen 4/29/02 561/844-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylene Pharis

CR2E034B (12/01)