2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 12, 2000 8:00 am DOCUMENT # **P98000082472 Secretary of State** 1. Entity Name GROUP MEYER CORPORATION 01-12-2000 90019 026 ***150.00 Principal Place of Business Mailing Address 301210 CEGHATIS ST C367ALCLOWATIS ひひりりりりひとう 30778-13/27 Surre FL. 33401 3 3 Y 0/ W. P. B. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0870506 Not Applicable _Zip_ Country \$8.75 Additional 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 FIELDS, GARY D **STE 700** 4400 PGA BLVD PALM BEACH GARDENS FL 33410 A), PA 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. (NOTE: Registered Agent signature required who FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE TITLE □ Delete MEYER, SELMA NAME NAME STREET ADDRESS 6614 PAMELA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Change ☐ Delete TITLE TITLE MEYER, OSCAR NAME NAME 6614 PAMELA LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33405 CITY-ST-ZIP D-SECRETARY/VICE PRES. TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS 6614 PAMELA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EST PALM BEACH TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 or Block 12 or Block 13 or Block 13 or Block 14 or Block 15 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR