

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90238 050 \*\*\*150.00

0069823 AV

**DOCUMENT # P99000007406**

1. Entity Name  
**LUCIA S. MEYERS & ASSOCIATES, INC.**

Principal Place of Business  
**4224 PINE RIDGE COURT**  
**WESTON FL 33331**

Mailing Address  
**4224 PINE RIDGE COURT**  
**WESTON FL 33331**

2. Principal Place of Business

**1785 HARBOR VIEW CIRCLE**  
 Suite, Apt. #, etc.

**WESTON, FL**

City & State  
**33327 WESTON, FL**

Zip Country  
**33327 USA**

3. Mailing Address

**1785 HARBOR VIEW CIRCLE**  
 Suite, Apt. #, etc.

**WESTON, FL**

City & State  
**33327 WESTON, FL**

Zip Country  
**33327 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0890108**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WACHS, JEFFREY S ESQ.**  
**1177 S.E. 3RD AVENUE**  
**FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

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

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)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE  
**PSTD**  
 NAME  
**MEYERS, LUCIA S**  
 STREET ADDRESS  
**4224 PINE RIDGE COURT**  
 CITY-ST-ZIP  
**WESTON FL 33331**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PSTD**  
 NAME  
**1785 HARBOR VIEW CIRCLE**  
 STREET ADDRESS  
**WESTON, FL 33327**  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Change ☐ Addition

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: **LUCIA S. MEYERS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08-20-01**  
 Date Daytime Phone #

CR2E034 (5/01)

Attachment  
D# P99000007406  
A0082951

August 20.01

RE: DOC # P. 99000007406  
2001 Uniform Bus. Report  
FEI # 65-0890108

Department of State  
Division of Corporation

To whom it may concern:

As per our conversation over the phone on 08-20-01. Please be advised that I have never received the first notice for renewal.

I am enclosing the \$150.00 check, hoping you can waive the late fee.

I appreciate your attention on this matter.

Sincerely,  
Kiana S. Meyers