

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V17420

1. Entity Name

MEYER PROFESSIONAL CORPORATION

Principal Place of Business

1110 NE 163RD ST
SUITE 6
N MIAMI BCH FL 33162
US

Mailing Address

1110 NE 163RD ST
SUITE 6
N MIAMI BCH FL 33162
US

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 6

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0346375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEKHORE, REBECCA G.
1110 NE 163RD STREET
SUITE 6
N MIAMI BCH FL 33162

7. Name and Address of New Registered Agent

Name

Same

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

Same

Suite 6

City

Same

FL

Zip Code

Same

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 of person or printed name of registered agent and title if applicable

Change of (suite #) address only 2/15/01

(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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 VP
NAME BEKHORE, MEYER
STREET ADDRESS 1110 NE 163RD STREET, SUITE 6
CITY-ST-ZIP N MIAMI BCH FL ☐ Delete

TITLE P
NAME BEKHORE, REBECCA
STREET ADDRESS 1110 NE 163RD STREET, SUITE 6
CITY-ST-ZIP N MIAMI BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01 305-940-8973
Date Daytime Phone #

CR2E034 (10/00)

0201266

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90476 001 ***150.00



DO NOT WRITE IN THIS SPACE