FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90737 004 ***150.00

2002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V17420

1. Entity Name

MEYER PROFESSIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

B0123395

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
635 NE 173rd Ter	635 NE 173rd Ter
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: North Miami Beach	City & State: North Miami Beach
Zip: 33162 County: Dade	Zip: ~~FL~~ 33162 County: ~~8~~ Dade

4. FEI Number: 65-0346375 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BEKHORE, REBECCA G.

Street Address (P.O. Box Number is Not Acceptable): 635 NE 173rd Terrace

City: North Miami Beach FL Zip Code: 33162

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: _____ REBECCA BEKHORE 5/18/02

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when calling) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: 635 NE 173rd Terrace CITY-ST-ZIP: North Miami Beach, FL 33162	TITLE: NAME: STREET ADDRESS: see address change only CITY-ST-ZIP: ←
TITLE: P NAME: BEKHORE, REBECCA STREET ADDRESS: 635 NE 173rd Terrace CITY-ST-ZIP: North Miami Beach, FL 33162	TITLE: NAME: STREET ADDRESS: see address change only CITY-ST-ZIP: ←
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CR2E034B (12/01)

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: _____ President 5/18/01 305-~~65~~ 770-0564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number

or 305-651-0664