

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90155 041 ***558.75

DOCUMENT # G19442

1. Entity Name
MYRO, INC.

Principal Place of Business
 1070 EGRET LAKE WAY
 500 AZALEA LANE
 MELBOURNE FL 32940
 US

Mailing Address
 POB 411089
 500 AZALEA LANE
 MELBOURNE FL 32940
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1070 EGRET LAKE WAY
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 411089
 Suite, Apt. #, etc.

City & State
MELBOURNE FL
 Zip
32940
 Country
FLORIDA

City & State
MELBOURNE, FL
 Zip
32940
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FLORIDA

4. FEI Number **59-2289681**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DISQUE, PHILIP A.
 707 S E 3RD AVE SUITE 400
 FT. LAUDERDALE FL 33316-8155

7. Name and Address of New Registered Agent

Name **SHEILA G. DESROSIER**
 Street Address (P.O. Box Number is Not Acceptable)
1070 EGRET LAKE WAY
 City **MELBOURNE** **FL** Zip Code **32940**

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 *Sheila G. Desrosiers*
 Signature, typed or printed name of registered agent and title if applicable.

SHEILA G. DESROSIER
 (NOTE: Registered Agent signature required when reinstating)

7/17/00
 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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SALAS, MYRIAM	
STREET ADDRESS	1070 EGRET LAKE WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	PT	<input type="checkbox"/> Delete
NAME	DISQUE, PHILIP A	
STREET ADDRESS	707 SE 3RD AVE #400	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	DESROSIER, SHEILA G	
STREET ADDRESS	1070 EGRET LAKE WAY	
CITY-ST-ZIP	MELBOURNE FL 32970	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheila G. Desrosiers* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 **321 242 6646**
 Date Daytime Phone #

SHEILA G. DESROSIER