

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-29-2002 90033 033 ***150.00

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2289681**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DESROSIENS, SHEILA
 1070 EGRET LAKE WAY
 MELBOURNE FL 32940**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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* **SIGNATURE REQUIRED** Date: 4/15/02 381-342-6846 Daytime Phone #

CR2E034 (9/01)