

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90060 001 \*\*\*793.75

0601771

**DOCUMENT # P22683**

1. Entity Name  
**MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.**

Principal Place of Business <b>818 W. BROOKS AVE.          NORTH LAS VEGAS NV 89030</b>	Mailing Address <b>818 W. BROOKS AVE.          NORTH LAS VEGAS NV 89030</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>95-3700598</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCHAEFFER, NEIL</b> <b>8452 GARDENS CIRC #4</b> <b>SARASOTA FL 34243</b>			Name <b>Neil Schaeffer</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>243 North Shore Drive</b>		
			City <b>Osprey</b>	State <b>FL</b>	Zip Code <b>34229</b>

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>BIRD, ALLAN S</b> <b>818 W. BROOKS AVE.</b> <b>NORTH LAS VEGAS NV 89030</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>GREEN, PATRICIA M</b> <b>818 W BROOKS AVE</b> <b>NORTH LAS VEGAS NV 89030</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President / Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>James D. Salo</b> <b>818 W. Brooks Avenue</b> <b>North Las Vegas, Nevada 89030</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>BIRD, JOSHUA D</b> <b>818 W. BROOKS AVE.</b> <b>NORTH LAS VEGAS NV 89030</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: James D. Salo 01/09/01 (702) 315-5195  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)