

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002638

1. Entity Name

THE MEMO COMPANY LTD., INC.

FILED

May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90020 031 \*\*\*150.00

Principal Place of Business

1221 BRICKELL AVENUE, SUITE 1100  
MIAMI FL 33122

Mailing Address

1221 BRICKELL AVENUE, SUITE 1100  
MIAMI FL 33122

545592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2655 LEJUNE RD.

Suite, Apt. #, etc.

SUITE 906

City & State

CORAL GABLES

Zip

33134

Country

USA

3. Mailing Address

2655 LEJUNE RD.

Suite, Apt. #, etc.

SUITE 906

City & State

CORAL GABLES

Zip

33134

Country

USA

4. FEI Number

95-4934802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AGRAMUNT, LUIS  
1221 BRICKELL AVENUE  
SUITE 1100  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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 PST ☐ Delete  
NAME CALVO, FERNANDO  
STREET ADDRESS ALBERTO ALCOCER 46  
CITY-ST-ZIP MADRID 28016 SPAIN

TITLE CD ☐ Delete  
NAME CALVO, FERNANDO  
STREET ADDRESS ALBERTO ALCOCER 46  
CITY-ST-ZIP MADRID 28016 SPAIN

TITLE V ☐ Delete  
NAME CALVO, PAULA  
STREET ADDRESS 1221 BRICKELL AVENUE, SUITE 1100  
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☒ Change ☐ Addition  
NAME CALVO, FERNANDO  
STREET ADDRESS 2655 LEJUNE RD, SUITE 906  
CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE D ☒ Change ☐ Addition  
NAME CALVO, FERNANDO  
STREET ADDRESS 2655 LEJUNE RD, SUITE 906  
CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE VP ☒ Change ☐ Addition  
NAME CALVO, PAULA  
STREET ADDRESS 2655 LEJUNE RD, SUITE 906  
CITY-ST-ZIP CORAL GABLES, FL. 33134

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)