

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002006

1. Entity Name

M.E.K. MANAGEMENT, INC.

Principal Place of Business

Mailing Address

9203 THOMASVILLE RD.
HOUSTON TX 77064

9203 THOMASVILLE RD.
HOUSTON TX 77064-2025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-1983609

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS KOSSOW, MICHAEL E
CITY-ST-ZIP 7114 RANCHO MIRAGE
HOUSTON TX 77069

TITLE ☐ Delete
NAME VP
STREET ADDRESS KOSSOW, MIKE W
CITY-ST-ZIP 13411 PINNACLE PLACE
HOUSTON TX 77069

TITLE ☐ Delete
NAME T
STREET ADDRESS KOSSOW, MARILYN
CITY-ST-ZIP 13411 PINNACLE PLACE
HOUSTON TX 77069

TITLE ☐ Delete
NAME S
STREET ADDRESS TRAVATO, TAMMY
CITY-ST-ZIP 13502 CHAMPION CENTRE DR.
HOUSTON TX 77069

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
100003118031--7
-02/01/00--01055--005
****150.00 ****150.00

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

TITLE ☒ Change ☐ Add
NAME S
STREET ADDRESS Trovato, Tammy
CITY-ST-ZIP 13502 Champion Centre Dr.
Houston, TX 77069

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

TITLE ☐ Change ☐ Add
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 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

1-20-2000

Date

Daytime Phone #

FILED

00 JAN 26 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

TS