## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 27, 2001 8:00 am DOCUMENT # F9700002006 **Secretary of State** M.E.K. MANAGEMENT, INC. 02-27-2001 90310 022 \*\*\*150.00 Principal Place of Business Mailing Address 9203 THOMASVILLE RD. 9203 THOMASVILLE RD. HOUSTON TX 77064 HOUSTON TX 77064 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 74-1983609 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition ☐ Delete TITLE Change TITLE KOSSOW, MICHAEL E NAME NAME STREET ADDRESS STREET ADDRESS 7114 RANCHO MIRAGE CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77069** ☐ Addition ☐ Delete ☐ Change TITLE TITLE KOSSOW, MIKE W NAME NAME STREET ADDRESS 13411 PINNACLE PLACE STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77069** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE KOSSOW, MARILYN NAME NAME 13411 PINNACLE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **HOUSTON TX 77069** ■ Addition TITLE ☐ Delete TITLE Change TROVATO, TAMMY NAME NAME Trovato, Tammy 13502 CHAMPION CENTRE DR. STREET ADDRESS STREET ADDRESS 17401 Swansbury CITY-ST-ZIP **HOUSTON TX 77069** CITY-ST-ZIP Cypress, TX 77429 TITLE ☐ Delete TITI F ☐ Change /Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 DI