

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90138 019 ***150.00

DOCUMENT # P00000043814

1. Entity Name

MEDAU BOOKS, INC.

Principal Place of Business

**2791 NW 95TH AVE.
 POMPANO BEACH FL 33065-4977**

Mailing Address

**2791 NW 95TH AVE.
 POMPANO BEACH FL 33065-4977**

2. Principal Place of Business

3. Mailing Address

P.O. Box 9586

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

4. FEI Number

65-1024458

Applied For

Not Applicable

Zip

Country

Zip

Country

33075 USA

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

**FEDER, GARY A ESQ.
 1701 W. HILLSBORO BLVD., STE. 302
 DEERFIELD BEACH FL 33442**

Name

Andrea Nembhard
 Street Address (P.O. Box Number is Not Acceptable)

City

Oral Springs

FL

Zip Code

33065

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

Andrea Nembhard, Owner

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	NEMBARD, ANDREA	
STREET ADDRESS	2791 NW 95TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33065-4977	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Andrea Nembhard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/01
 Date

877-737-8294
 Daytime Phone #

CR2E034 (10/00)