

2006 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90412 017 ***150.00

DOCUMENT # **P00000057037**

1. Entity Name

PRESERVING MEMORIES, INC

Principal Place of Business

Mailing Address

**2333 Brickell Ave
 #1116
 Miami, FL 33129**

**Martin A. Drutz, Accountant
 8966 S.W. 87 Ct., Suite 12-A
 Miami, FL 33176**

2. Principal Place of Business

3. Mailing Address

2333 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1116

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33129

4. FEI Number

Applied For

Not Applicable

52-2275057

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

40076310

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Denise Magarino
 2333 Brickell Ave #1116
 Miami, FL 33129**

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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Denise Magarino 2333 Brickell Ave #1116 Miami, FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERTO DIAZ DE VILLAGAS 2333 Brickell Ave #1116 Miami, FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President 4-21-06 306-459-2997

Date

Daytime Phone #

CR2E034 (9/99)