

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90002 029 \*\*\*150.00

**DOCUMENT # P00000091677**

1. Entity Name

**MEMORIES OF A LIFETIME INC.**

Principal Place of Business

**9375 FOUNTAINBLEAU BLVD #407L  
 MIAMI FL 33172**

Mailing Address

**9375 FOUNTAINBLEAU BLVD #407L  
 MIAMI FL 33172**

**819322**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9375 Fountainbleau Blvd  
 Suite, Apt. #, etc.  
 407L**

3. Mailing Address

**9375 Fountainebleau Blvd  
 Suite, Apt. #, etc.  
 407L**

City & State

**Miami FL  
 Zip  
 33172 Country  
 US**

City & State

**Miami FL  
 Zip  
 33172 Country  
 USA**

4. FEI Number

**65-1045168**

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

**LORETTE, KRISTIE  
 9375 FOUNTAINBLEAU BLVD #407L  
 MIAMI FL 33172**

Name

**Kristie Lorette  
 Street Address (P.O. Box Number is Not Acceptable)  
 9375 Fountainbleau Blvd  
 #407L**

City

**Miami**

FL

Zip Code

**33172**

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

**Kristie Lorette Kristie Lorette President 4/3/01**

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	President	<input type="checkbox"/> Delete
NAME	Kristie Lorette	
STREET ADDRESS	9375 Fountainbleau Blvd 407L	
CITY-ST-ZIP	Miami FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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: Kristie Lorette Kristie Lorette Pres 4/3/01 305.778.3755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)