

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90175 022 ***158.75

DOCUMENT # P02000040433

1. Entity Name
MEMO INSTALLS, INC.



Principal Place of Business
17930 NW 84TH AVENUE
MIAMI LAKES FL 33015

Mailing Address
17930 NW 84TH AVENUE
MIAMI LAKES FL 33015

2. Principal Place of Business

17930 NW 84 AVE

3. Mailing Address

17930 NW 84 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

City & State

MIAMI LAKES FL

Zip

33015

Country

USA

Zip

33015

Country

USA

4. FEI Number

43-1962763

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROJAS, GUILLERMO
17930 NW 84TH AVENUE
MIAMI LAKES FL 33015

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Guillermo Rojas
Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROJAS, GUILLERMO
STREET ADDRESS 17930 NW 84TH AVENUE
CITY-ST-ZIP MIAMI LAKES FL 33015

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Guillermo Rojas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 (305)218-6990

Date Daytime Phone #

CR2E034 (10/02)