


FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90174 049 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000063475
 1. Entity Name
MEMRO INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2981 Shipping Ave "B"
 Suite, Apt. #, etc.

3. Mailing Address
2981 Shipping Ave "B"
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL City & State Miami, FL 4. FEI Number 02-0615729 Applied For
 Not Applicable

Zip 33133 Country USA Zip 33133 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARIA I. ROZINSKY

Street Address (P.O. Box Number is Not Acceptable)
2981 Shipping Ave "B"

City Miami FL Zip Code 33133

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 _____ DATE _____

Signature, typed or stamped name of registered agent and date, if applicable. (NOTE: Registered Agent signature is required when re-registering)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>MARIA I. ROZINSKY</u> <u>2981 Shipping Ave "B"</u> <u>Miami FL 33133</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>EDWARD ROZINSKY</u> <u>2981 Shipping Ave "B"</u> <u>Miami FL 33133</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u>
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date May 23, 03 305-774 9424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)