

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90056 005 \*\*\*150.00

0274511

DOCUMENT # P94000070445

1. Entity Name

MEMCORP, INC.

Principal Place of Business

7145 W. 20TH AVENUE  
HIALEAH FL 33014

Mailing Address

7145 W. 20TH AVENUE  
HIALEAH FL 33014

2. Principal Place of Business

3200 Meridian Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

3200 Meridian Pkwy  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Weston

City & State

Weston FL

4. FEI Number 65-0598041

Applied For

Not Applicable

Zip

33331

Country

Broward

Zip

33331

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, CRAIG B  
SHERMAN AND FISCHMAN, P.A.  
3050 BISCAYNE BLVD., SUITE 600  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name Barry Smith

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

3200 Meridian Pkwy

City Weston

FL

Zip Code 33331

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, 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

TITLE	PDST	<input type="checkbox"/> Delete
NAME	SMITH, BARRY	
STREET ADDRESS	7145 W 20TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	SMITH, JASON	
STREET ADDRESS	7145 W. 20TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Barry	
STREET ADDRESS	3200 Meridian Pkwy.	
CITY-ST-ZIP	Weston, FL 33331	
TITLE	EVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Jason	
STREET ADDRESS	3200 Meridian Pkwy	
CITY-ST-ZIP	Weston, FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/2001

CR2E034 (10/00)