

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092551

1. Entity Name  
**MEMSS, INC.**

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

03-09-2001 90482 022 \*\*\*150.00

Principal Place of Business  
**C/O MARSHA G. MADORSKY, ESQ.**  
**2665 SOUTH BAYSHORE DRIVE**  
**MIAMI FL 33133**

Mailing Address  
**2000 S BAYSHORE DR**  
**VILLA #41**  
**MIAMI FL 33133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**100 S.E. Second Street**  
Suite, Apt. #, etc.  
**Suite 4000**

3. Mailing Address

**100 S.E. Second Street**  
Suite, Apt. #, etc.  
**Suite 4000**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number **65-0754124**

Applied For  
Not Applicable

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

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

**MADORSKY, MARSHA G ESQ**  
**C/O MARSHA G. MADORSKY, ESQ.**  
**2665 SOUTH BAYSHORE DRIVE #603**  
**MIAMI FL 33133**

Name  
**Marsha G. Madorsky, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**c/o Marsha G. Madorsky, Esq.**

**100 S.E. Second Street, Suite 4000**

City **Miami** FL Zip Code **33131**

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  **MARSHA MADORSKY** **2-28-01**  
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 **D** ☐ Delete  
NAME **MADORSKY, MARSHA G**  
STREET ADDRESS **2000 S BAYSHORE DR, VILLA #41**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:  **MARSHA MADORSKY DIRECTOR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-01** **(305) 530-0050**  
Date Daytime Phone #

CR2E034 (10/00)