

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097742

1. Entity Name
THE MEMORY MAN, INC.

FILED

01 OCT 29 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5440 MOUNES ST 5440 MOUNES ST
SUITE 112 SUITE 112
JEFFERSON LA 70123 JEFFERSON LA 70123
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 65-0629300 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OREMAN, JAY
2006 NW 2ND AVE
DELRAY BEACH FL 33944

7. Name and Address of New Registered Agent
Name: JOSEPH D. SACHS, CPA
Street Address (Post-Box Number is Not Acceptable): 3107 STirling Road
Suite 201
City: Ft. Lauderdale FL Zip Code: 33312

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: Joseph D. Sachs DATE: 9/18/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PS
NAME OREMAN, JAY
STREET ADDRESS 2006 NW 2ND AVE
CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PS ☒ Change ☐ Addition
NAME Jay Oremar
STREET ADDRESS 238 GARDEN Rd
CITY-ST-ZIP River Ridge LA 70123

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200004690812-3
-11/21/01--01043--004
****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

9/18/01 504 818-2717

0136421 AT

CR2E034 (5/01)

The Memory Man

5440 Mounes St. #112
Jefferson, LA 70123

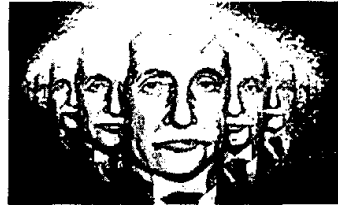
800 634-2298

504 818-2717

504 818-2820 (Fax)

memory@memory-man.com

www.memman.com



Date: 10/29/01

To: SENIOR Section Admin

From: Jay

Message: WE NEVER RECEIVED A COPY OF
THE ORIGINAL UBR

Jay

Receiver's Fax Number: _____