

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000019173**

1. Entity Name

MOEMEL, INC.**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90186 005 ***150.00

Principal Place of Business

C/O JAMES V. ALBO
2020 N.E. 163RD ST. #300
NORTH MIAMI BEACH FL 33162

Mailing Address

C/O JAMES V. ALBO
2020 N.E. 163RD ST. #300
NORTH MIAMI BEACH FL 33162

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 **65-0781069**

Applied For

Not Applicable

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

ALBO, JAMES V
2020 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33162

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.

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 State10. 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	PD	<input type="checkbox"/> Delete
NAME	JAFIF, MARCOS A	
STREET ADDRESS	18181 N.E. 31ST CT. #2109	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	JAFIF, MOISES P	
STREET ADDRESS	18181 N.E. 31ST CT. #2109	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	JAFIF, TERESA PENHOS	
STREET ADDRESS	18181 N.E. 31ST CT. #2109	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input type="checkbox"/> Delete
NAME	JAFIF, EMILIO	
STREET ADDRESS	18181 N.E. 31ST CT. #2109	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input type="checkbox"/> Delete
NAME	JAFIF, ELIAS	
STREET ADDRESS	18181 N.E. 31ST CT. #2109	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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 #

CR2E034 (10/00)