

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90290 017 \*\*\*150.00

**DOCUMENT # P97000019173**

1. Entity Name  
**MOEMEL, INC.**



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

**18181 NE 31ST COURT**  
Suite, Apt. #, etc.  
**APT # 2109**

3. Mailing Address

**18181 NE 31ST COURT**  
Suite, Apt. #, etc.  
**APT # 2109**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**NORTH MIAMI BEACH, FL**

City & State  
**NORTH MIAMI BEACH, FL**

4. FEI Number  
**65-0781069**

Applied For  
☐ Not Applicable

Zip  
**33160**

Country  
**USA**

Zip  
**33160**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**ELIAS JAFIF**

Street Address (P.O. Box Number is Not Acceptable)  
**18181 NE 31ST CT, #2109**

City  
**NORTH MIAMI BEACH FL** Zip Code  
**33160**

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 **X** **ELIAS JAFIF**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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  
**PD** ☐ Delete  
NAME  
**JAFIF, MARCOS A**  
STREET ADDRESS  
**18181 N.E. 31ST CT. #2109**  
CITY-ST-ZIP  
**NORTH MIAMI BEACH FL 33160**

TITLE  
**VPD** ☐ Delete  
NAME  
**JAFIF, MOISES P**  
STREET ADDRESS  
**18181 N.E. 31ST CT. #2109**  
CITY-ST-ZIP  
**NORTH MIAMI BEACH FL 33160**

TITLE  
**SD** ☐ Delete  
NAME  
**JAFIF, TERESA PENHOS**  
STREET ADDRESS  
**18181 N.E. 31ST CT. #2109**  
CITY-ST-ZIP  
**NORTH MIAMI BEACH FL 33160**

TITLE  
**TD** ☐ Delete  
NAME  
**JAFIF, EMILIO**  
STREET ADDRESS  
**18181 N.E. 31ST CT. #2109**  
CITY-ST-ZIP  
**NORTH MIAMI BEACH FL 33160**

TITLE  
**SD** ☐ Delete  
NAME  
**JAFIF, ELIAS**  
STREET ADDRESS  
**18181 N.E. 31ST CT. #2109**  
CITY-ST-ZIP  
**NORTH MIAMI BEACH FL 33160**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELIAS JAFIF** Date

**4/22/03 (954) 455-4300**

Daytime Phone #

CR2E034 (10/02)