

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90191 001 ***150.00

DOCUMENT # P98000018695

1. Entity Name
MEMO ELECTRONICS, INC.



Principal Place of Business
6851 NW 107TH CT.
MIAMI, FL 33178

Mailing Address
6851 NW 107TH CT.
MIAMI, FL 33178

2. Principal Place of Business
10400 NW 33rd St

3. Mailing Address
10400 NW 33rd St

Suite, Apt. #, etc.
270

Suite, Apt. #, etc.
270

City & State
MIAMI Florida

City & State
MIAMI, Florida

Zip
33172

Country

Zip
33172

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0815589

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARVAJAL, JUAN G
6851 NW 107TH CT.
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name **JUAN CARVAJAL**
Street Address (P.O. Box Number is Not Acceptable)

10400 NW 33rd Suite 270

City **MIAMI**

FL

Zip Code
33172

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-14-03

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 **P** ☐ Delete
NAME **CARVAJAL, JUAN G**
STREET ADDRESS **6851 NW 107TH CT.**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-03

786-621-30-31

Date

Daytime Phone #

CR2E034 (10/02)