

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90080 013 ***150.00

DOCUMENT # P98000022783

1. Entity Name
M.E.M. MANAGEMENT INC.

Principal Place of Business

**4141 NE 2 AV
 108A
 MIAMI BEACH FL 33139**

Mailing Address

**4141 NE 2 AV
 108A
 MIAMI BEACH FL 33139**



2. Principal Place of Business

1815 Sunset Harbour Dr.

3. Mailing Address

1815 Sunset Harbour Dr.

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

2nd floor

City & State

MIAMI Bch, FL

City & State

MIAMI Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0833545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SABOURIN, ISABELLE

1688 MERIDIAN AVE, STE 610

MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 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 **D** ☒ Delete
 NAME **SABOURIN, ISABELLE**
 STREET ADDRESS **4141 NE 2 AV STE 108 A**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☒ Delete
 NAME **ISHAK, SHERIFF J**
 STREET ADDRESS **4141 NE 2 AV STE 108 A**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☒ Delete
 NAME **SABOURIN, ISABELLE**
 STREET ADDRESS **1815 Sunset Harbour Dr.**
 CITY-ST-ZIP **MIAMI Bch, FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☒ Addition
 NAME **SABOURIN, ISABELLE**
 STREET ADDRESS **1815 Sunset Harbour Dr.**
 CITY-ST-ZIP **MIAMI Bch, FL 33139**

TITLE **D** ☒ Change ☒ Addition
 NAME **ISHAK, SHERIFF**
 STREET ADDRESS **1815 Sunset Harbour Dr.**
 CITY-ST-ZIP **MIAMI Bch, FL 33139**

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
 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 (4/02)