

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State
03-25-2000 90012 029 ***150.00

DOCUMENT # P98000040311

1. Entity Name

MEMOREX TELEX INTERNATIONAL, INC.

Principal Place of Business

3212 SOUTH OCEAN BOULEVARD
UNIT 706A
HIGHLAND BEACH FL 33487

Mailing Address

3212 SOUTH OCEAN BOULEVARD
UNIT 706A
HIGHLAND BEACH FL 33487-2587

2. Principal Place of Business

2021 S. SEACREST BLVD

3. Mailing Address

P.O. Box 0159

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D

City & State

BOYNTON BEACH

City & State

BOYNTON BEACH

Zip

33435

Country

U.S.A.

Zip

33425-0159

Country

USA

4. FEI Number

65-0837224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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.

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, 2000 Fee will be \$550.00
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 ☐ Delete
NAME **PSTD**
STREET ADDRESS **HORAK, INGRID**
CITY-ST-ZIP **3212 SOUTH OCEAN BOULEVARD
HIGHLAND BEACH FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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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:

INGRID HORAK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00

Date

561-278-8835

Daytime Phone #

CR2E034 (9/99)