

2000 UNIFORM BUSINESS REPORT (UBR)

8/31/00-90113-040-\$150.00-\$150.00

10f2

DOCUMENT# P990000019561

1. Entity Name
Mempr-Ability, Inc.

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Principal Place of Business
1660 S.W. 53rd Avenue
Plantation, FL 33317

Mailing Address
1660 S.W. 53rd Avenue
Plantation, FL 33317

FILED
00 SEP 29 PM 2:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

A0074859

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 65-0917387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent John B. McKinney 1660 S.W. 53rd Avenue Plantation, FL 33317		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 John B. McKinney DATE 9/25/00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 15, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John B. McKinney Pres. Secy. Treas 1660 S.W. 53rd Avenue Plantation, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John B. McKinney JOHN B. MCKINNEY DATE 8/28/00 DAYTIME PHONE # 954-791-3293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

KE

London
Witte &
Company, P.A.



Certified Public Accountants

DOC # P99000019561 **282**
AUG 14 859

August 1, 2000

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

3101 N. Federal Highway
Suite 700
Ft. Lauderdale, FL 33306
954-566-4400
Fax 954-564-4233
email: mail@lwco.com

Re: Memoir-Ability, Inc. EIN: 65-0917387
2000 Uniform Business Report

Dear Sir or Madam:

We have enclosed the 2000 Uniform Business Report and a check payable to the Florida Department of State in the amount of \$150.00. The Corporation was incorporated in 1999. However all forms including the 2000 UBR were sent the Corporation's prior attorney who did not forward these forms to the Corporation. We respectfully request that you abate the additional \$400 because of the late filing date.

Thank you for your attention to this matter.

Sincerely,

Deborah A. Crum, CPA

Encl.