

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000026196**1. Entity Name  
MEMPA RESEARCH ASSOCIATES, INC.

Principal Place of Business 20283 STATE ROAD 7 SUITE 300 BOCA RATON 33498 FL	Mailing Address 20423 STATE ROAD 7 UNIT #F6-263 BOCA RATON 334986797 FL
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2. Principal Place of Business	3. Mailing Address 20423 STATE ROAD 7
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Suite, Apt. #, etc.	Suite, Apt. #, etc. MAIL BOX#: F6-263
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City & State	City & State BOCA RATON FL
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Zip	Country	Zip 334986797	Country
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4. FEI Number <b>65-0904016</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**HAGANS RALPH AESQ.  
10581 MENDO LINO LANEBOCA RATON FL  
33428 US**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 \_\_\_\_\_ **08/20/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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	STD	<input type="checkbox"/> Delete
NAME	BUSSEAR CHARLES W	
STREET ADDRESS	20423 STATE ROAD 7	
CITY-ST-ZIP	BOCA RATON FL 334986797	

TITLE	VD	<input type="checkbox"/> Delete
NAME	ANTONETTI MARY E	
STREET ADDRESS	20423 STATE ROAD 7	
CITY-ST-ZIP	BOCA RATON FL 334986797	

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUSSEAR ERIC W	
STREET ADDRESS	20423 STATE ROAD 7	
CITY-ST-ZIP	BOCA RATON FL 334986797	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Eric W. Bussear PD **08/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)