

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
 05-03-2000 90034 036 ***158.75

DOCUMENT # P99000047536

1. Entity Name
THE MEMORY COTTAGE, INC.

| | |
|--|---|
| Principal Place of Business 5000 SWEETWATER TERRACE COOPER CITY FL 33330 | Mailing Address 5000 SWEETWATER TERRACE COOPER CITY FL 33330-2762 |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business 1013 Pines Blvd Suite, Apt. #, etc. | 3. Mailing Address 9873 Pines Blvd Suite, Apt. #, etc. |
|---|---|

| | |
|---------------------------------------|---------------------------------------|
| City & State Pembroke Pines | City & State Pembroke Pines |
| Zip 33024 | Zip 33024 |
| Country | Country |

| | |
|--|--|
| 4. FEI Number 65-0923773 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

~~CAMPOS, CYNDEE~~
~~5000 SWEETWATER TERRACE~~
~~COOPER CITY FL 33330~~

7. Name and Address of New Registered Agent

Name **ELENA DIAZ**
 Street Address (P.O. Box Number is Not Acceptable)
9873 Pines Blvd
 City **Pembroke Pines FL** Zip Code **33024**

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 *Elena Diaz* DATE **2-23-00**
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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

11. OFFICERS AND DIRECTORS

| | |
|--|--|
| D CAMPOS, CYNDEE 5000 SWEETWATER TERRACE COOPER CITY FL 33330 | <input checked="" type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---|
| D ELENA DIAZ 9873 Pines Blvd Pembroke Pines FL 33024 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| | <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: *Elena Diaz* **President** **2-23-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)