Daytime Phone #

2002 Uniform Business Report (UBR)

of the corporation or the receiver or trustee empe changed, or on an attachment with a address.

SIGNATURE:

Apr 01, 2002 8:00 am Secretary of State J38035 DOCUMENT # 1. Entity Name 04-01-2002 90613 008 ***150.00 MUMMAW AND ASSOCIATES, INC. Principal Place of Business Mailing Address 114 E BOCA RATON RD 114 E BOCA RATON RD DUUGOLEG **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2726742 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUMMAW, DOUGLAS A. Street Address (P.O. Box Number is Not Acceptable) 114 E BOCA RATON RD **BOCA RATON FL 33432** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE MUMMAW, DOUGLAS A. NAME NAME 1111 SW 4TH ST. STREET ADDRESS STREET ADDRESS IBOCA RATON FL 33486 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE VΡ MUMMAW, STEVE NAME NAME STREET ADDRESS 282 SW 11TH PL STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE mummaw, diana NAME NAME STREET ADDRESS 1111 SW 4TH ST STREET ADDRESS CITY-ST-7IP BOCA RATON FL 33486 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE Bouza. Jorge NAME NAME 114 EAST BOCA KATEN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empawered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if