

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088814

1. Entity Name

MM AND S INVESTMENTS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90195 002 ***150.00

D0053249



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1400 N. 59 TERRACE HOLLYWOOD FL 33021	Mailing Address 1400 N. 59 TERRACE HOLLYWOOD FL 33021
---	---

2. Principal Place of Business 4495 S.W 67TH	3. Mailing Address 4495 S.W 67TH
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201

City & State DAVIE FL	City & State DAVIE FL
Zip 33314	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
---	------------------------------------

6. Name and Address of Current Registered Agent SWENSON, KEN 1400 N. 59 TERRACE HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent Name: CARLOS MORCATE Street Address (P.O. Box Number is Not Acceptable) 4495 S.W 67TH Suite 201 City: DAVIE FL Zip Code: 33314
--

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: <i>[Signature]</i> President DATE: 4/30/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--	---

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PRESIDENT CARLOS MORCATE 6240 S.W 35TH PLANTATION FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VICE PRESIDENT KEN SWENSON 1400 N 59TH Hollywood FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/30/01	DAYTIME PHONE #: 305-439-1241
---	---------------	-------------------------------

CR2E034 (10/00)