

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-28-2002 90719 023 ***150.00

DOCUMENT # P01000110596

1. Entity Name

M&M INTERNATIONAL FINANCE, INC.

Principal Place of Business

**3401 N COUNTRY CLUB DR #302
 AVENTURA FL 33180**

Mailing Address

**3401 N COUNTRY CLUB DR #302
 AVENTURA FL 33180**

2. Principal Place of Business

3. Mailing Address

3401 North Country Club Dr

Suite, Apt. #, etc.

APT 302

City & State

Aventura, FL

Zip **33180** Country

Suite, Apt. #, etc.

#302

City & State

Aventura, FL

Zip **33180** Country

4. FEI Number

84-05501-68

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MIRER, OLGA

**3401 N COUNTRY CLUB DR #302
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **Olga Mirer**

Street Address (P.O. Box Number is Not Acceptable)

3401 N Country Club Dr. #302

City **Aventura**

FL

Zip Code

33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **MIRER, OLGA**
 STREET ADDRESS **3401 N COUNTRY CLUB DR #302**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Olga Mirer** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/02 (305) 984-1713

CR2E034 (4/02)