

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
 04-19-2000 90043 019 ***150.00

DOCUMENT # P99000036608

1. Entity Name
FMM HOLDINGS INC.

Principal Place of Business Mailing Address
 260 CRANDON BLVD. #3 260 CRANDON BLVD. #3
 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149-1537

2. Principal Place of Business 3. Mailing Address
 260 CRANDON BLVD #34 260 CRANDON BLVD #34
 Suite, Apt. #, etc. #34 Suite, Apt. #, etc. #34
 City & State Key Biscayne FL City & State Key Biscayne FL
 Zip 33149 Country DADG/USA Zip 33149 Country FLADE USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3575562 Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 MEYER, MARK
 260 CRANDON BLVD. #34
 KEY BISCAYNE FL 33149
 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 *[Signature]* V.P.
 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. ☐ **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 ☐ \$5.00 May Be Added to Fees
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	71 ECCLESTN SQUARE MEWS		STREET ADDRESS	512 WARREN LA	
CITY-ST-ZIP	LONDON ENGLAND, SW1QON		CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VIA DOMENICO FONTANA 74		STREET ADDRESS		
CITY-ST-ZIP	NAPLES ITALY 80128		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	260 CRANDON BLVD. #3		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)