2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000104982 **DOCUMENT #**

1. Entity Name

MERCHANDISING & MANUFACTURING ASSOCIATES, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90143 002 ***150.00

<u> </u>			`	GOD WE TO				
Principal Place of Business 6528 HYPOLUXO ROAD LAKE WORTH FL 33467-7678		Mailing Address P.O. BOX 5404 LAKE WORTH FL 33466-5404						
2. Principa	I Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HEDE IS MAKING				
City & State		City & State		CHECK HERE IF MAKING CHANGES 4. FEI Number 23-1324864 Applied For				
Zip	Country	Zip	Country	J = J = 7 - 7		\$8.75 A	Not Applicab	
	6. Name and Address of Current	Registered Agent	<u> </u>		<u> </u>	Fee Requi	red	
		registered Agent	Nos		7. Name and Address of New Registered A	Agent		
KALIL, P	KALIL, PAMELA M				Name			
5407 FEARNLEY RD. LAKE WORTH FL 33467			Stre	Street Address (P.O. Box Number is Not Acceptable)				
LAKE W	ORIH FL 3346/			<u></u> _			<u> </u>	
	·		City		FL	Zip Co	de	
The above the obline	e named entity submits this statement for	the purpose of changing its	registered offic	e or registere	ed agent, or both, in the State of Florida. I am to	amiliar with	ond consent	
are oblige	ations of registered agent.				Company and Clare Company	zi filliar Witti	і, апо ассері	
SIGNATURE								
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	: Registered Agent s	ignature required v	when reinstating) DATE			
´ F	TLE NOW!!! FEE IS \$150.00			-				
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.		00 May Be	
10.	OFFICERS AND D	DIRECTORS	11.		APPOTION			
TITLE	D	☐ Delete		- 	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOP	RS IN 11	
NAME	KALIL, PAMELA M	□ Derete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	5407 FEARNLEY RD		STREET ADDRES					
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP	33				
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

Daytime Phone #

Change ☐ Addition