## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jul 23, 2002 8:00 am Secretary of State DOCUMENT # V74138 1. Entity Name 07-23-2002 90339 022 \*\*\*150 00 M. & M. AUTOMOTIVE OF NORTH MIAMI, INC. Principal Place of Business Mailing Address 13015 NF 14TH AVENUE 13015 NE 14TH AVENUE N MIAMI FL 33161 N MIAMI FL 33161 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0368550 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KHATAMI, MAJID Street Address (P.O. Box Number is Not Acceptable) 13015 N E 14 AVE N. MIAMI FL 33161 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. 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 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 11. 12. ☐ Addition TITLE TITI F ☐ Delete KHATAMI, MAJID NAME NAME STREET ADDRESS 7421 GARFIELD ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP ☐ Addition Change TITL F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP TITLE ☐ Addition TITLE Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

FILED





DEPT OF STATE

This is the First time we accomised this Annual Report. Le been having problems with our mail, so there been proofs no we workshow so our Broth Please Accept over check.

Sincerely