

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90934 001 *****8.75
05-05-2001 90934 002 ***150.00

DOCUMENT # H24696

1. Entity Name

MUELLER & YAMMINE, INC.

Principal Place of Business

Mailing Address

36 N.E. 1ST STREET
SUITE NO. 256
MIAMI FL 33132

36 N.E. 1ST STREET
SUITE NO. 256
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2458870

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

YAMMINE, BOUTROS

~~8940 S.W. 61 COURT~~ 6101 SW 104th St
MIAMI FL 33156 MIAMI, FL 33156

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, 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 \$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.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	YAMMINE, BOUTROS	
STREET ADDRESS	8940 S.W. 61 COURT 6101 SW 104th St	
CITY-ST-ZIP	MIAMI FL 33156 MIAMI, FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MUELLER, MARIA	
STREET ADDRESS	8940 S.W. 61 COURT 6101 SW 104th St	
CITY-ST-ZIP	MIAMI FL 33156 MIAMI, FL 33156	
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NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOUTROS YAMMINE 4/28/01 305/3741281

Date

Daytime Phone #

CR2E034 (10/00)