

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90723 032 \*\*\*150.00

**DOCUMENT # P96000025426**



1. Entity Name  
**M & N INVESTMENT INC.**

Principal Place of Business  
**2910 NE 47TH ST  
LIGHTHOUSE POINT FL 33064  
US**

Mailing Address  
**2910 NE 47TH ST  
LIGHTHOUSE POINT FL 33064  
US**

2. Principal Place of Business  
**12181 NW 9 PLACE**

3. Mailing Address  
**12181 NW 9 PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**CORAL SPRINGS FL.**

City & State  
**CORAL SPRINGS, FL.**

4. FEI Number  
**58-2236565**

Applied For  
☐ Not Applicable

Zip  
**33071**

Country  
**BROWARD**

Zip  
**33071**

Country  
**BROWARD**

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**

**HCRM CORP.  
2200 CORPORATE BLVD NW SUITE 401  
BOCA RATON FL 33431**

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. 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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SALIMBENE, MICHAEL  
2910 NE 47TH ST  
LIGHTHOUSE POINT FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SALIMBENE Michael  
12181 NW 9 PL.  
CORAL SPRINGS FL. 33071**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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.

**SIGNATURE:**

*Signature of Michael Salimbene*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/03**

Date

Daytime Phone #

CR2E034 (10/02)