

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90087 042 ***150.00

DOCUMENT # 228566

1. Entity Name

M & M PRESS INC

Principal Place of Business

Mailing Address

**6000 NORTHWEST 70TH STREET
FL 33168**

**8321 NORTHWEST 70TH STREET
MIAMI FLA 33166-2622**

602159



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0877611

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**THOMPSON, WILLIAM
19500 W ST. ANDREWS DR.
HIALEAH FL 33015**

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, 2000 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
THOMPSON, WILLIAM
19500 W. ST. ANDREWS DR
HIALEAH FL**

☐ Delete

TITLE

☐ Change ☐ Addition

STREET ADDRESS

NAME

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**SD
THOMPSON, MARJORIE
19500 W. ST. ANDREWS DR.
HIALEAH FL**

☐ Delete

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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

1-11-00

Date

305 592 6774

Daytime Phone #

CR2E034 (9/99)