

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90034 014 ***150.00

DOCUMENT # 275621

1. Entity Name

M & M EXCAVATING, INC.



DO NOT WRITE IN THIS SPACE

24008587

2. Principal Place of Business

5511 N.W. 22 Ave.

Suite, Apt. #, etc.

3. Mailing Address

5511 N.W. 22 Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tamarac, Florida

City & State

Tamarac, Florida

4. FEI Number

59-1025892

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sam C. Caliendo, Esq.

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

1430 S. Federal Highway - Suite 302

City

Deerfield Beach,

FL

Zip Code

33441

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PDST
NAME MARTIN, RONALD J.
STREET ADDRESS 4020 N.E. 27th Terrace
CITY-ST-ZIP Lighthouse Point, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ronald J. Martin, President

January 31, 2004

Date

Daytime Phone #

(954)
485-1900

CR2E034B (12/02)