2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # G37682

1. Entity Name

M & M ACCOUNTING - FINANCE SERVICES CORP.



FILED Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90162 009 ***150.00

Principal Place of Business Mailing Address GONZALEZ, RAUL, R. 9030 S.W. 31 TERRACE 9030 S.W. 31ST TERRACE MIAMI FL 33165 US US 2. Principal Place of Business Mailing Address Mailing Address Mailing Address 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, et		:.		☐ CHECK HERE IF MAKING CHANGES		
City & State	City & State City & State		4.	FEI Number 59-2619177	Jumber 59-2619177 Applied For	
Zip Country	Zip	Zip Country			\$8.75 Ad	
6. Name and Address of Curr	ent Registered Agent	<u> </u>	7, 1	Name and Address of New Regis	•	ea
GONZALEZ RAUL A 9030 S.W. 31ST TERRACE MIAMI FL 33165	. سب مدر س		表面 完全 (1) 11 m = 1	iox Number is Not Acceptable)		
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 \$550.0 Make Check Payable to Florida Department	00			Election Campaign Financi Trust Fund Contribution.		00 May Be
	ND DIRECTORS	11.	ADI	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP PTDV RAUL A. GONZAEZ 9030 SW 31ST TERRACE MIAMI FL	The least thin the last the la	TITLE 'NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP MIAMI FL SS RAUL A. GONZALEZ 9030 SW 31ST TERRACE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE DVV NAME GONZALEZ, DELIA B STREET ADDRESS CITY-ST-ZIP MIAMI FL 33168	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	9030	SW 31 TER.	™ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WSD MART AOBO HIAM	INEZ MIRIAN > SW 31702 1, M. 33165	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied windicated on this report or supplemental report	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	nd in Seation 1	10.07(0)(i) Florid C	☐ Change	Addition

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that I am an officer or director changed, or on an attachment with an address, with all other like empowered. SIGNATURE: RASIGNATURE DE RESIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR