

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90104 014 ***150.00

DOCUMENT # G39364

1. Entity Name
H M M M, CORP.



Principal Place of Business
**C/O MARK LIGHTERMAN
9230 SW 59TH ST.
MIAMI FL 33173**

Mailing Address
**C/O MARK LIGHTERMAN
9230 SW 59TH ST.
MIAMI FL 33173**



2. Principal Place of Business
181 Overoaks PL
Suite, Apt. #, etc.

3. Mailing Address
181 Overoaks PL
Suite, Apt. #, etc.

City & State
Sanford FL

City & State
Sanford FL

4. FEI Number
59-2293634

Applied For
☐ Not Applicable

Zip
32771 Country

Zip
32771 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LIGHTERMAN, MARK
9230 SW 59TH ST.
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
181 Overoaks PL
City
Sanford FL Zip Code
32771

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 _____ (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	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTERMAN, MYRNA		NAME		
STREET ADDRESS	9230 SW 59TH ST		STREET ADDRESS	181 Overoaks PL	
CITY-ST-ZIP	MIAMI, FL 00000		CITY-ST-ZIP	Sanford FL 32771	
TITLE	VST	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTERMAN, MARK		NAME		
STREET ADDRESS	9230 SW 59TH ST		STREET ADDRESS	181 Overoaks PL	
CITY-ST-ZIP	MIAMI, FL 00000		CITY-ST-ZIP	Sanford FL 32771	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03

Date

Daytime Phone #

CR2E034 (10/02)