

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90059 027 ***150.00

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DOCUMENT # H56167

1. Entity Name

MMC INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

**1281 INDIAN MOUND TRAIL
 VERO BEACH FL 32863
 US**

**1281 INDIAN MOUND TRAIL
 VERO BEACH FL 32863
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VERO BEACH FL

VERO BEACH FL

Zip

Country

Zip

Country

32967 USA

32967 USA

4. FEI Number

59-2544685

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOCK, SAMUEL A.
 2127 10TH AVENUE
 VERO BEACH FL 32960**

Name

Samuel A. Block

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

City

VERO BEACH

FL

Zip Code

32963

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, 2001 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 Delete
ST
 NAME **COREN, SETH D. M.D.**
 STREET ADDRESS **1281 INDIAN MOUND TRAIL**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE Change Addition
 NAME **Coren Seth D. M.D.**
 STREET ADDRESS **4875 Coventry Ct**
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE Delete
 NAME **VPP**
 NAME **COREN, JENNY K.**
 STREET ADDRESS **1281 INDIAN MOUND TRAIL**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE Change Addition
 NAME **Coren, Jenny K**
 STREET ADDRESS **4875 Coventry Ct**
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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

2/14/01 561 567711

Date

Daytime Phone #

CF2E034 (10/00)