

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46967

1. Entity Name

M & M INVESTMENT GROUP, INC.



FILED

04 FEB 18 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

% PAT L. MANGONON

3. Mailing Address

% PAT L. MANGONON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5410 CROSSING ROCKS COURT

5410 CROSSING ROCKS COURT

City & State

City & State

RIVIERA BEACH, FLORIDA

RIVIERA BEACH, FLORIDA

Zip

Country

Zip

Country

33407

U.S.A.

33407

USA

4. FEI Number

59-2756513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAT L. MANGONON

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

5410 CROSSING ROCKS COURT

City

RIVIERA BEACH

FL

Zip Code

33407

**DO NOT WRITE
IN THIS SPACE**

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 Pat L. Mangonon

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

(NOTE: Registered Agent signature required when reinstating)

02/06/2004

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 VPD
NAME SANTIAGO, EDUARDO L.
STREET ADDRESS 719 HWY 43, BYPASS N.E., STE. G
CITY-ST-ZIP RUSSELLVILLE, AL 35653

TITLE PD
NAME MANGONON, VIRGILIO A.
STREET ADDRESS 101 SERPENTINE DRIVE
CITY-ST-ZIP MORGANVILLE, NJ 07751

TITLE STD
NAME MANGONON, PAT L
STREET ADDRESS 5410 CROSSING ROCKS COURT
CITY-ST-ZIP RIVIERA BEACH, FL 33407

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500028695145
02/13/04--01006--012 **150.00

**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:

Pat L. Mangonon PAT L. MANGONON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/2004

Date

561-841-9425

Daytime Phone #

CR2E034B (12/02)