

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90174 025 ***150.00

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DOCUMENT # J46967

1. Entity Name
M & M INVESTMENT GROUP, INC.



Principal Place of Business

% PAT L. MANGONON
8 BARBARA COURT
SATELLITE BCH FL 32937
US

Mailing Address

% PAT L. MANGONON
8 BARBARA COURT
SATELLITE BCH FL 32937
US



2. Principal Place of Business

5410 CROSSING ROCKS COURT
Suite, Apt. #, etc.

3. Mailing Address

5410 CROSSING ROCKS COURT
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
RIVIERA BEACH, FL

Zip Country
33407 U.S.

City & State
RIVIERA BEACH, FL

Zip Country
33407 U.S.

4. FEI Number
59-2756513

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANGONON, PAT L.
8 BARBARA COURT
SATELLITE BEACH FL 32937

7. Name and Address of New 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

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)

3/28/03

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SANTIAGO, EDUARDO L.	
STREET ADDRESS	719 HWY 43, BY PASS N.E., STE. G	
CITY-ST-ZIP	RUSSELLVILLE AL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MANGONON, VIRGILIO A.	
STREET ADDRESS	101 SERPENTINE DRIVE	
CITY-ST-ZIP	MORGANVILLE NJ 07751	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MANGONON, PAT L	
STREET ADDRESS	8 BARBARA CT	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5410 CROSSING ROCKS COURT
CITY-ST-ZIP	RIVIERA BEACH, FL. 33407
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: PAT L. Mangonon PAT L. MANGONON 3/28/03 561-841-9425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STD Date Daytime Phone #

CR2E034 (10/02)