

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90436 049 ***150.00

DOCUMENT # K90176

1. Entity Name

M+M BEVERAGE MART, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10750 SW 27 CT

3. Mailing Address

10750 SW 27 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

65-0130240

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

33328

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CONRAD SARGENT

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

10750 SW 27 CT

City

DAVIE

FL

Zip Code

33328

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

x 2-6-03

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 NAME STREET ADDRESS CITY - ST - ZIP	PSD CONRAD SARGENT 10750 SW 27 CT DAVIE FL 33328
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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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 2-6-03

CR2E034B (12/02)