

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000002876

1. Entity Name
MM INVESTMENTS LLC

FILED
01 JUN 13 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
14041 LAKE SARANAC AVENUE 14041 LAKE SARANAC AVENUE
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Zip Country Zip Country

4. FEI Number 65-0985872 **Applied For**
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, MARIA
14041 LAKE SARANAC AVENUE
MIAMI LAKES FL 33014

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004423502--4
-06/18/01--01012--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIA PEREZ DIRECTOR 14041 LAKE SARANAC AVE MIAMI LAKES, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Maria Perez* **SIGNATURE REQUIRED** 4-30-01 3055576234

CR2E083 (11/00)