2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005267

1. Entity Name

MIAMI MAINTENANCE MANAGEMENT COUNCIL, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90072 036 ****61.25

Principal Place of Business	Mailing Address
5040 NW 7TH ST STE 900 MIAMI FL 33126 US	P O BOX 660587 MIAMI SPRINGS FL 33266-0587 US

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 65-0572147 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROCKMAN, LOUIS M 8500 SW 92 ST SUITE 106 MIAMI FL 33156	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, GENE 9524 RICHMOND CIR. BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gene Thomas 9524 Richmond Cir Boca Raton FL.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOLLAND, SUSIE D 5040 NW 7TH ST MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Susie Holland 5040 NW 7 St Miami FL. 33126	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STREHSE, RICHARD 5180 NW 74TH AVE. MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP Gary Mohler 5722 NW 41st Street Miami FL.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, LAUREN 5040 NW 7TH ST MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Dennis Doyle 2875 NW 82 Ave Miami FL. 33152	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GREAGOR, THEODORE H 1495 SE 10TH AVE HIALEAH FL 33010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Theodore Gregor 1495 SE 10 Ave Hialeah FL 33010	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ZAPPIA, JOHN 4600 NW 36TH STREET BLDG 22 MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Jorge Lopez 8517 NW 66 St Miami FL. 33166	☐ Change ☑ Addition

CR2E037 (9/95)

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 617, 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: SIGNATURE REQUIRED Gary D. Mohler 4-6-00 305-634-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #