2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90035 025 ***150.00

00000326

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000032304

1. Entity Name
MMK ENGINEERING, INC.

Principal Place of Business	Mailing Address
445 DOUGLAS AVE., STE. 2205-H ALTAMONTE SPRINGS FL 32714	445 DOUGLAS AVE., STE. 2205-H ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business	3. Mailing Address
2450 CANTERCLUB TRAIL	P.O. BOX 160851
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FLORIDA	City & State: ALTAMONTE SPRINGS, FL
Zip: 32712 · Country: ORANGE	Zip: 32716-0851 · Country: SEMINOLE

4. FEI Number: 59-3665782 — ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KESHANI, MASSOUD MAZRAE
445 DOUGLAS AVE., STE. 2205-H
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name: KESHANI, MASSOUD MAZRAE
Street Address (P.O. Box Number is Not Acceptable): 2450 CANTERCLUB TRAIL
City: APOPKA FL Zip Code: 32712

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD H KESHANI, MASSOUD MAZRAE 445 DOUGLAS AVE., STE. 2205-H ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KESHANI, MASSOUD MAZRAE 2450 CANTERCLUB TRAIL APOPKA, FLORIDA 32712	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Mazrae Keshani — 1/2/2001 — (407) 786-0684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)