

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054734

1. Entity Name  
M & M COMPUTER DOCTOR, INC

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90172 045 \*\*\*150.00

Principal Place of Business  
1695 DOYLE ROAD, SUITE A  
DELTONA FL 32725

Mailing Address  
1695 DOYLE ROAD, SUITE A  
DELTONA FL 32725

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

59-3647240

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

APONTE, MANUEL P  
3451 PHONETIA DRIVE  
DELTONA FL 32738

Name

Itsa Lopez

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

2245 S.E. 1st Street

City

Orange City

FL

Zip Code

32763

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

*Itsa Lopez*

(NOTE: Registered Agent signature required when reinstating)

1/20/01

DATE

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	D	<input checked="" type="checkbox"/> Delete
NAME	APONTE, MANUEL P	
STREET ADDRESS	3451 PHONETIA DRIVE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTINO, MOISES	
STREET ADDRESS	533 W. PENNSYLVANIA AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONY F. Lehman	
STREET ADDRESS	1002 Providence Blvd	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neri Texidor	
STREET ADDRESS	716 Mountainway Ave	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Itsa Lopez	
STREET ADDRESS	2245 S.E. 1st Street	
CITY-ST-ZIP	Orange City, FL 32763	
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		

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Moises Valentino*

Date

1/20/01

Daytime Phone #

CR2E034 (10/00)