


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

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

02-10-2003 90435 043 ***158.75

DOCUMENT # P00000065652	
1. Entity Name MMP TIKES CORP MEDLEY, FL. 33178	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9975 N.W. 88th AVE Suite, Apt. #, etc.		3. Mailing Address 9975 N.W. 88th AVE Suite, Apt. #, etc.	
City & State MEDLEY		City & State FLORIDA	
Zip 33178	Country USA	Zip 33178	Country

DO NOT WRITE IN THIS SPACE

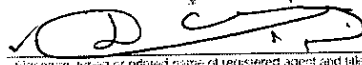
4. FEI Number 65-1023158		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ELIAS DAMMOUS
Street Address (P.O. Box Number is Not Acceptable) 9975 N.W. 88th AVENUE
City MEDLEY
State FL
Zip Code 33178

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 re-registering.)

DATE

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 PRESIDENT	TITLE PRESIDENT	TITLE PRESIDENT	TITLE PRESIDENT	TITLE PRESIDENT	TITLE PRESIDENT
NAME ELIAS DAMMOUS	NAME ELIAS DAMMOUS	NAME ELIAS DAMMOUS	NAME ELIAS DAMMOUS	NAME ELIAS DAMMOUS	NAME ELIAS DAMMOUS
STREET ADDRESS 9975 N.W. 88th AVENUE	STREET ADDRESS 9975 N.W. 88th AVENUE	STREET ADDRESS 9975 N.W. 88th AVENUE	STREET ADDRESS 9975 N.W. 88th AVENUE	STREET ADDRESS 9975 N.W. 88th AVENUE	STREET ADDRESS 9975 N.W. 88th AVENUE
CITY-ST-ZIP MEDLEY, FL. 33178	CITY-ST-ZIP MEDLEY, FL. 33178	CITY-ST-ZIP MEDLEY, FL. 33178	CITY-ST-ZIP MEDLEY, FL. 33178	CITY-ST-ZIP MEDLEY, FL. 33178	CITY-ST-ZIP MEDLEY, FL. 33178
DO NOT WRITE 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-3-03** Daytime Phone #: **954-894-4049**

CR2E034B (12/02)