FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P0000069003 MMK INVESTMENTS, INC. 04-03-2001 90101 008 \*\*\*155.00 Principal Place of Business Mailing Address 1541 SUNSET DRIVE 1541 SUNSET DRIVE CORAL GABLES FL 33157 **CORAL GABLES FL 33157** PEULFUUJ riocipal Place of Business Mailing Address SOO $\mathcal{G}$ o $\mathcal{E}$ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Unul FEI Number Applied For Gity & State City & State les Fl -1040846 OTU Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 01 B Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DANIELS, NICHOLAS M ESQ. Street Address (P.O. Box Number is Not Acceptable) THERREL BAISDEN, P.A. SUNTRUST INTL CENTER ONE S.E. 3RD AVENUE SUITE 2400 **MIAMI FL 33131** City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00 TITLE Delete TITLE ☐ Change Addition HIGIER, GERALD M NAME NAME 300 علىت STREET ADDRESS STREET ADDRESS 1541 SUNSET DRIVE CITY-ST-ZIP CITY-ST-ZIP **33143** CORAL GABLES FL 39487-Addition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS 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

Gerald M. Higier

with all other like empowered.

changed, or on an attachment with an address

SIGNATURE