

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-10-2003 90022 030 ***150.00

DOCUMENT # P00000074321

1. Entity Name
M & M SERVICES GROUP, P.A.



Principal Place of Business
**1550 WEST 84TH STREET
SUITE 78. 79
HIALEAH FL 33014**

Mailing Address
**1550 WEST 84TH STREET
SUITE 78. 79
HIALEAH FL 33014**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3662164**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARTINEZ, RAFAEL R

~~11852 SW 88 ST~~

MIRAMAR FL 33027

Name

MARTINEZ, Ricardo

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

13852 SW 28 ST.

MIRAMAR, FL

City

FL

Zip Code

33027

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 reinstating)

DATE

1/7/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **MARTINEZ, RICARDO**
STREET ADDRESS **1050 NW 105 ST BLDG. 11 APT 8**
CITY-ST-ZIP **MIAMI FL 33054**

TITLE ☒ Change ☐ Addition
NAME **MARTINEZ, RICARDO**
STREET ADDRESS **13852 SW 28 ST.**
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/03 305-558-4947

CR2E034 (10/02)