

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90335 030 ***158.75

DOCUMENT # P00000074976

1. Entity Name

MMR & ASSOCIATES, INC.

Principal Place of Business

**505 WEST PALM AIR DRIVE
MIAMI FL 33069**

Mailing Address

**505 WEST PALM AIR DRIVE
MIAMI FL 33069**

2. Principal Place of Business

505 West Palm Air Dr.
Suite, Apt. #, etc.

3. Mailing Address

505 West Palm Air Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-1044266

Applied For

Not Applicable

Zip

33069

Country

Broward

Zip

33069

Country

Broward

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

**SUAREZ, JUAN J
505 WEST PALM AIR DRIVE
MIAMI FL 33069**

Name

Suarez, Juan J

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

505 West Palm Air Drive

City

Pompano Beach

FL

Zip Code

33069

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.

(NOTE: Registered Agent signature required when reinstating)

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** ☐ Delete
NAME **SUAREZ, JUAN J**
STREET ADDRESS **505 WEST PALM AIR DRIVE**
CITY-ST-ZIP **MIAMI FL 33069**

TITLE **D** ☒ Change ☐ Addition
NAME **Suarez, Juan J**
STREET ADDRESS **505 West Palm Air Drive**
CITY-ST-ZIP **Pompano Beach, FL. 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN J. SUAREZ

3/01/2001

Date

954-977-2944

Daytime Phone #

CR2E034 (10/00)