

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90171 024 ***150.00

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DOCUMENT # P01000057322

1. Entity Name
2425 MM, INC.

Principal Place of Business Mailing Address
2425 HOLLYWOOD BLVD **2425 HOLLYWOOD BLVD**
HOLLYWOOD FL **HOLLYWOOD FL**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, BRIAN D ESQ
420 LINCOLN ROAD #372
MIAMI BEACH FL

7. Name and Address of New Registered Agent

Name **MICHAEL FRANZ**
 Street Address (P.O. Box Number is Not Acceptable)
2425 HOLLYWOOD BLVD
 City **Hollywood** **FL** Zip Code **33020**

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 Michael Franz DATE 4/4/02
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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	FRANZ, MICHAEL CPA	
STREET ADDRESS	2425 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAMC, MILTON CPA	
STREET ADDRESS	2425 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAME, MILTON CPA	
STREET ADDRESS	2425 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
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 like empowered.

SIGNATURE: Michael Franz DATE: 4/4/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E034 (9/01)