

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90154 005 \*\*\*150.00

DOCUMENT # P01000072366

1. Entity Name  
MM ASSOCIATES SOUTH FLORIDA, INC

**DO NOT WRITE IN THIS SPACE**

B0139296

2. Principal Place of Business  
5832 WESTERN ALLEY

Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MILFORD OH

City & State

4. FEI Number  
31-1789616

Applied For  
Not Applicable

Zip  
45150

Country  
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CT Corporate Systems

Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD

City  
PLANTATION

FL Zip Code  
33324

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
President  
NAME  
Nick Morell  
STREET ADDRESS  
5832 WESTERN ALLEY  
CITY - ST - ZIP  
MILFORD OH 45150

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Sec/Treas  
Christina Joslin  
5832 WESTERN ALLEY  
MILFORD OH 45150

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Nick Morell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-02-513-965-8700  
Date Daytime Phone #

CR2E034B (12/01)

Attachment

# PD 1000072366

Form 7004

(Rev. October 2000)  
Department of the Treasury  
Internal Revenue Service

Application for Automatic Extension of Time  
To File Corporation Income Tax Return

OMB No. 1545-0233

Name of corporation: MM ASSOCIATES SOUTH FLORDDA, INC. Employer identification number: 31 1789616

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.): 5832 WESTERN ALLEY

City or town, state, and ZIP code: MILFORD, OH 45150

- Check type of return to be filed:
Form 990-C, Form 1120, Form 1120-A, Form 1120-F, Form 1120-FSC, Form 1120-H, Form 1120-L, Form 1120-ND, Form 1120-PC, Form 1120-POL, Form 1120-REIT, Form 1120-RIC, Form 1120S, Form 1120-SF

Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the United States

1 Request for Automatic Extension (see instructions)

- a Extension date. I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until SEPTEMBER 15, 2002, to file the income tax return of the corporation named above for calendar year 2001 or tax year beginning and ending, 2001.
b Short tax year. If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period, Consolidated return to be filed

2 Affiliated group members (see instructions). If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Table with 3 columns: Name and address of each member of the affiliated group, Employer identification number, Tax period. The table is currently empty.

Table for tax calculations:
3 Tentative tax (see instructions): 3 6,546 16
4 Payments and refundable credits: (see instructions)
a Overpayment credited from prior year: 4a 0 00
b Estimated tax payments for the tax year: 4b 0 00
c Less refund for the tax year applied for on Form 4466: 4c 0 00
d Balance: 4d 0 00
e Credit for tax paid on undistributed capital gains (Form 2439): 4e 0 00
f Credit for Federal tax on fuels (Form 4136): 4f 0 00
5 Total. Add lines 4d through 4f (see instructions): 5 0 00
6 Balance due. Subtract line 5 from line 3. Deposit this amount using the Electronic Federal Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon (see instructions): 6 6,546 16

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

Signature of officer or agent: [Signature] PRESIDENT (Title) 3-12-2002 (Date)