FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000074551

1. Entity Name

MM USA CORPORATION



FILED

03 OCT -2 AM 10: 50

SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE						-AHASSEE, F	LORIDA		
	Place of Business ICE de Leon Blvd.	3. Mailing Address 2121 Ponce de Leon Blyd.							
Suite, Apt. #, etc. Suite 240		Suite, Apt. #, etc. Suite 240			DO NOT WRITE IN THIS SPACE				
City & State Coral Gables,Fl		City & State			RUUUNA HIII			Applied For	
Zip	Country	Coral gables, FL. Zip Country		_ ¢0.7		Not Applicable .75 Additional			
33174	Florida	33134	Florida	Florida 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent					
	DO NOT WI			ame GA	ABRIKL	- PRATS		ent	
	IN THIS SP	2	2121 Ponce de Leon Blvd. Suite 240						
				City Coral Gables, Fl. FL Zip Code 33134					
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, yield or printed name of purpose and use if applicable. (NOTE: Registered Agent signature required when remistating) DATE									
Make Check	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of 8					lection Campaign Fir		\$5.00 May Bo Added to Fees	
10. TITLE	OFFICERS AND C	RECTORS	TITLE						
NAME STREET ADDRESS CITY-ST-ZIP	DOMINGUEZ DIBB, REYNA 2121 PONCE DE LEON BL	NAME STREET ADI CITY-S1-2							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GORAL GABLES, FL. 3313 SD DOMINGUEZ RUIZ-DIAZ, N 2121 PONCE DE LEON BL	MARIA M VD. SUITE 240	HITLE NAME STREET AD CITY-S1-2		107		5467	58 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOMINGUEZ RUIZ-DIAZ, SOLEDAD 2121 PONCE DE LEON BLVD. SUITE 240								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL GABLES, FL. 3313	4	HTLE Name Street add City-St-7	DAESS P	j.	N THIS	SPACI	Ē	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			HTLE NAME STREET ADE GITY-ST-ZI						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			HTLE NAME STREET ADO CATY: ST-20	1700					
12. I hereby o	certify that the information supplied with t	his filling does not qualify for	the exemption	on stated in Se	ction 119 07/3	(Vi) Florida Statutes	I further certify t	hat the information	

12. I hereby certify that the information supplied with this filling 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 distance empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

9-22-03

<u> 305-444-8333</u>

MM USA CORPORATION 2121 Ponce de Leon Blvd. Suite 240 Coral Gables, Fl 33134

June 16, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302-1500

To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2003 Uniform Business Report (U.B.R) for our company has not been filed.

According to our records we didn't received the 2003 U.B.R form, Enclosed is a completed 2003 U.B.R. and a check for \$158.75. We hereby request an abatement of the filling late penalties.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,

MM/USA CORPORATION