

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90219 019 \*\*\*150.00

**DOCUMENT # P01000081880**

1. Entity Name  
**M & M INVESTMENT SOLUTIONS, INC.**

Principal Place of Business Mailing Address  
**16055 137TH CT. 16055 137TH CT.**  
**MIAMI FL 33177-1956 MIAMI FL 33177-1956**

2. Principal Place of Business 3. Mailing Address  
**16055 S.W. 137TH CT 16055 S.W. 137TH CT**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MIAMI FLORIDA MIAMI FLORIDA**

Zip Country Zip Country  
**33177-1956 33177-1956**

4. FEI Number Applied For  
**65-1133865** Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**RABELL, MERLIN**  
**16055 137TH CT.**  
**MIAMI FL 33177-1956**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RABELL, MERLIN</b> <b>16055 137TH CT.</b> <b>MIAMI FL 33177-1956</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LOPEZ, MAYLIN</b> <b>16055 137TH CT.</b> <b>MIAMI FL 33177-1956</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>RABELL, LEONEL</b> <b>16055 137TH CT.</b> <b>MIAMI FL 33177-1956</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MERLIN RABELL** 1/17/02 (305) 301-5565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)