

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # P01000083676**

1. Entity Name  
**M&M PAVINGS INC.**

03-24-2002 90055 014 \*\*\*150.00

Principal Place of Business  
**9740 S.W. 14 STREET**  
**PEMBROKE PINES FL 33025**

Mailing Address  
**9740 S.W. 14 STREET**  
**PEMBROKE PINES FL 33025**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1072 S.W. 113 TERRACE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1072 SW 113 TERRACE**  
 Suite, Apt. #, etc.

City & State  
**PEMBROKE PINES, FLORIDA**  
 Zip  
**33025**  
 Country  
**U.S.A.**

City & State  
**PEMBROKE PINES, FLORIDA**  
 Zip  
**33025**  
 Country  
**USA**

4. FEI Number  
**65-1135426**  
 Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MILLER, CHRISTINE**  
**9740 S.W. 14 STREET**  
**PEMBROKE PINES FL 33025**

## 7. Name and Address of New Registered Agent

Name  
**SHANE MCKENZIE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1072 SW 113 TERRACE**  
 City  
**PEMBROKE PINES** **FL** Zip Code  
**33025**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE **7/20/2**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCKENZIE, SHANE</b> <b>11133 S.W. 8 STREET</b> <b>PEMBROKE PINES FL 33025</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MILLER, NORMAN</b> <b>9740 S.W. 14 STREET</b> <b>PEMBROKE PINES FL 33025</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MILLER, CHRISTINE</b> <b>9740 S.W. 14 STREET</b> <b>PEMBROKE PINES FL 33025</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Money was already paid.*

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]*

**7/20/2**

CR2E034 (4/02)