

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91030 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

30050801

DOCUMENT # P01000084828					
1. Entity Name M.F.M. OF ORLANDO, INC.					
Principal Place of Business 3100 CORRINE DR ORLANDO, FL 32803			Mailing Address PO BOX DEERFIELD BEACH, FL 33442		
2. Principal Place of Business		3. Mailing Address P.O. Box 5032			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Deerfield beach fl			
Zip	Country	33442	Country	4. FEI Number 59-3747152	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent GIRNUN, MORRIS 3100 CORRINE DR ORLANDO, FL 32803			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 4/1/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSYT ESPINAL, MAIRA ☐ Delete 3100 CORRINE DR ORLANDO, FL 32803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: DATE: 4/1/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					