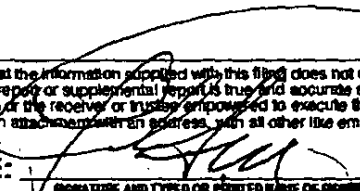


FILED
Jun 09, 2003 8:00 am
Secretary of State

05-07-2003 90167 016 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000006041					
1. Entity Name M&M PROPERTY HOLDINGS INC.					
Principal Place of Business 1320 SOUTH ODDIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146		Mailing Address 1320 SOUTH ODDIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 010003295	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ DE VARONA, RAIL J 1320 SOUTH ODDIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146				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 _____ (Signature, printed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when changing)) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME				
NAME	GOMEZ, LUIS A. ☐ Delete				
STREET ADDRESS	1320 SOUTH ODDIE HIGHWAY SUITE 280				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
TITLE	NAME ☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME ☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME ☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME ☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME ☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME ☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME ☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME ☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 				5-01-03 305 667 7733	
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR				Date	