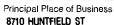
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000033272

1. Entity Name

MM & P AUTOMOTIVE INC.



SIGNATURE:

Mailing Address



07-09-2003 90041 049 ***558.75



8710 HUNTFIE TAMPA FL 33		8710 HUNTFIELD ST TAMPA FL 33635			
	W Hills borough Ar	3. Mailing Address 2 7302 W Hills	sboroush me		
Suite, Apt.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State	A Florida	City & State TAMPA	Flurida	4. FEI Number Applied For O4 - 3619349 Not Applicable	7
3363	Country	33634	7/URID COUNTRY Hr.115boro och	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
			Name		
MORALES 8710 HUN	s, mario NTFIELD ST		Street Address	(P.O. Box Number is Not Acceptable)	1
TAMPA FL 33635					
			City	FL Zip Code]
8. The above named entity submite 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 JULIE MARIO MOLATES 7-7-03 Signature, typed or printed name of regulated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
After Sep	LE NOW!!! FEE IS \$550.00 Stember 10, 2003 Fee will be \$750 Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	-
TITLE	D	Delete	TITLE	Change Addition	1 5
NAME	MORALES, MARIO	□ boite	NAME		13
STREET ADDRESS	8710 HUNTFIELD ST		STREET ADDRESS	•	2
CITY-ST-ZIP	TAMPA FL 33635		CITY-ST-ZIP		Į į
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	16
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		<u>ر سواد کی د</u>	CITY-ST-ZIP]
TITLE		Delete	TITLE	☐ Change ☐ Addition	
NAME	•		NAME		
STREET ADDRESS	•		STREET ADDRESS	·	1
CITY-ST-ZIP			CITY-ST-ZIP		-
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	1
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		}
TITLE		Delete	- 	Change Saddillan	}
NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition	1
STREET ADDRESS		•	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		□ Delete	TITLE	☐ Change ☐ Addition	1
NAME		<u> </u>	NAME	C. Strongs C. Addition	1
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 rnade 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.					
god,		San am owner mile empowered.	•		1