

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90457 035 ***150.00

DOCUMENT # P02000044614



1. Entity Name
MM & COSBY, INC.

Principal Place of Business
**9784 SW 24TH STREET
MIAMI FL 33165**

Mailing Address
**9784 SW 24TH STREET
MIAMI FL 33165**

90001216



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

01-0669529

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ADARRAGA, ANGELA
14740 SW 80TH STREET
MIAMI FL 33193**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing - Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **NERA, MONICA**
STREET ADDRESS **11380 SW 7TH STREET**
CITY - ST - ZIP **MIAMI FL 33174**

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **PD** Delete
NAME **NERA, GUSTAVO**
STREET ADDRESS **11380 SW 7TH STREET**
CITY - ST - ZIP **MIAMI FL 33174**

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VD** Delete
NAME **MARMOL, FERNANDO**
STREET ADDRESS **2571 LAKE WORTH ROAD #334**
CITY - ST - ZIP **LAKE WORTH FL 33461**

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VD** Delete
NAME **COSBY, JOHN**
STREET ADDRESS **8425 NW 222 NE AVENUE**
CITY - ST - ZIP **ALACHEA FL 32615**

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE 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:

Signature Required
SIGNATURE REQUIRED

1/08/03

305-207-5422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/0/02)