## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P02000098988

1. Entity Name

Principal Place of Business

M & M KITCHEN CAB



**FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 91845 010 \*\*\*150.00

INET DESIGN & INSTALLATION, INC		
	_	4 SOO WE THE
Mailing Address  8440 S.W. 107TH AVENUE		

8440 S.W. 107TH AVENUE  APT. 106  APT. 106  MIAMI FL 33173  APT. 106  MIAMI FL 33173  2. Principal Place of Business  OP 20 SW 200 Dr  APT. 106  MIAMI FL 33173  3. Mailing Address  10820SW 200 Dr					
Suite Apt # etc Suite, Apt. #,		Suite, Apt. #, etc.		CHECK HERE IF MAKE	NG CHANGES
City & State	FL	City & State F/		4. FEI Number 05-0531354	Applied For Not Applicable
Zip 33/5	Country DADE	Zip 33/57	Country DADE	5. Certificate of Status Desired	\$8.75 Additional Eee Required
<u> </u>	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registere	d Agent
MANCILLA, 8440 S.W. APT. 106	JOSE L 107TH AVENUE			ss (P.O. Box Number is Not Acceptable)	
MIAMI FL 3	3173		City	F	Zip Code
signature	ons of registered agent.  Signature, typed or printed name of registered age	nt and title if applicable. (NOT	registered office or regis	stered agent, or both, in the State of Florida. I a used when reinstating)  DAT  9. Election Campaign Financing	\$5.00 May Be
After Make Check	May 1, 2003 Fee will be \$550.00 Payable to Florida Department	of State		Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS	Added to Fees
10.	OFFICERS AN	D DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS/	Change Addition
NAME STREET ADDRESS	MANCILLA, JOSE L 58440 S.W. 107TH AVENUE APT MIAMI FL 33173	-	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS	ST MANCILLA, JOSE,L	□ Delete	TITLE I NAME - STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI PL 35173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 ampoyeded 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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS