P02000126093

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

DOCUMENT # 1. Entity Name

M & M TOTAL LOGISTICS, INC.



Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90350 035 ***150.00

Principal Place of Business Mailing Address 1404 POINTS ROAD 1404 POINTS ROAD WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Busines 3. Mailing Address 1285 Hil Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Çity & State 4. FEI Number Applied For 02-065 aug on i a Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -MINERVA. DANIEL Street Address (P.O. Box Number is Not Acceptable) 1404 POINTS ROAD WEST PALM BEACH FL 33405 Zip Code 33 Y O 8. The above named entity subthits 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ... OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition ☐ Defete TITLE MINERVA, DANIEL NAME NAME STREET ADDRESS 1404 POINTS ROAD STREET ADDRESS 1285 Hill Ave CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE ☐ Delete TITLE ☐ Addition SEC NAME MINERVA, FRANK A JR. NAME STREET ADDRESS 1404 POINTS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE TITLE Change ☐ Addition Delete_ NAME NAME MINERVA, FRANK A JR. STREET ADDRESS STREET ADDRESS 1404 POINTS ROAD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME 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), Fiorida Statutes. I further certify that the information indicated on this report or support the corporation or the receive lemental 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 or frustee 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 attach

SIGNATURE: