

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071588

1. Entity Name

MMI PROPERTY MANAGEMENT, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90033 038 ***150.00

Principal Place of Business
18870 STEWART CIRCLE
#4
BOCA RATON FL 33496
US

Mailing Address
18870 STEWART CIRCLE
#4
BOCA RATON FL 33496-2158
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
20423 State Road 7
Suite, Apt. #, etc.
437
City & State
Boca Raton FL
Zip
33498
Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0444977
Applied For
Not Applicable

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

WEINBERG, STEVEN A
8000 PETERS RD
PLANTATION FL 33324

Name
MARVIN RAPPAPORT
Street Address (P.O. Box Number is Not Acceptable)
20423 State Road 7
Suite 437
City
Boca Raton FL
Zip Code
33498

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.

SIGNATURE Director DATE 2/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	RAPPAPORT, MARILYN	18870 STEWART CIRCLE, SUITE 4	BOCA RATON FL	<input type="checkbox"/>	<input type="checkbox"/>
D	RAPPAPORT, MARVIN	18870 STEWART CIRCLE, SUITE 4	BOCA RATON FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE 2-27-00 DAYTIME PHONE # 561-488-9241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)