

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028990

1. Entity Name

MFM GROUP INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90130 020 ***150.00

Principal Place of Business

2525 SW 3RD AVE
SUITE 105
MIAMI FL 33129
US

Mailing Address

2525 SW 3RD AVE
SUITE 105
MIAMI FL 33129
US

2. Principal Place of Business

4872 SW 72 AVE
Suite, Apt. #, etc.

3. Mailing Address

4872 SW 72 AVE
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0486453

Applied For

Not Applicable

Zip

33155

Country

Miami, FL

Zip

33155

Country

Miami, FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRER, FRANK
2525 SW 3RD AVE
SUITE 105
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4872 SW 72 AVE

City

Miami, FL

FL

Zip Code

33155

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FERRER, FRANK	
STREET ADDRESS	2421 S.W. 24 ST.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAMEY, DANIEL W	
STREET ADDRESS	13005 SW 109 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	DURAN, NELSON	
STREET ADDRESS	740 MALAGA	
CITY-ST-ZIP	CORALGABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 an other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)