

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90230 001 \*\*\*300.00

**DOCUMENT # P95000017225**

1. Entity Name  
**M & M DESSERTS, INC.**

Principal Place of Business  
**1998 NE SAN CARLOS CALLE  
 JENSEN BEACH FL 34957**

Mailing Address  
**1998 NE SAN CARLOS CALLE  
 JENSEN BEACH FL 34957**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0566377**

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

**DOLICA, ANGELO T  
 1998 NE SAN CARLOS CALLE  
 JENSEN BEACH FL 34957**

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.

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.

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2002 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  Delete  
 NAME  
**VSTD CARECCIA, PAUL**  
 STREET ADDRESS  
**1998 NE SAN CARLOS CALLE**  
 CITY-ST-ZIP  
**JENSEN BEACH FL 34957**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
**VSTD CARECCIA, PAUL**  
 STREET ADDRESS  
**510 NE LIMA VIAS**  
 CITY-ST-ZIP  
**JENSEN BEACH FL 34957**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 all other like empowered.

SIGNATURE: Paul R. Careccia Paul R. Careccia

4-30-02 772-287-8751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)