

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000052836**

1. Entity Name

M & M SOFTWARE CONSULTING, INC.**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90708 001 ***150.00

05-22-2001 90708 002 *****8.75

Principal Place of Business	Mailing Address
11537Y S.W. 109TH ROAD MIAMI FL 33176	11537Y S.W. 109TH ROAD MIAMI FL 33176

4518



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0592527		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
Zip		Zip		X			
Country		Country		65-0592527			
33176		DADE					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			

MITCHELL, CYNTHIA M
11537Y S.W. 109TH ROAD
MIAMI FL 33176

Name: **CHARLES L GOMES**

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

10719 SW 104 ST

City: **MIAMI**

FL

Zip Code: **33176**

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

APR 30, 2001

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	D	TITLE	
NAME	MITCHELL, CYNTHIA M	NAME	
STREET ADDRESS	11537Y S.W. 109TH ROAD	STREET ADDRESS	Secretary of Corporation
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	
TITLE		TITLE	SECY
NAME		NAME	F. PRESTON MITCHELL
STREET ADDRESS		STREET ADDRESS	11537Y SW 109 ROAD
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33176
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

F. Preston Mitchell, Secretary

APR 30, 2001

CR2E034 (9/99)