2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2002 8:00 am Secretary of State P95000058562___ DOCUMENT # 1. Entity Name M&M REAL ESTATE INVESTMENTS GROUP, INC. 01-18-2002 90007 017 ***150.00 Principal Place of Business Mailing Address 6960 N.W. 42ND ST. 6960 N.W. 42ND ST. MIAMI FL 33166-6821 MIAMI FL 33166-6821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0597531 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENDOZA, ALEX Street Address (P.O. Box Number is Not Acceptable) 6960 N.W. 42ND ST. MIAMI FL 33166-6821 City 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) tim it was beille 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 MENDOZA, ALEX NAME NAME 3751 S.W. 128TH AVE. STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME MUSOLINO, STEPHEN NAME 10654 S.W. 80TH CT. STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP **MIAMI FL 33175** CITY-ST-ZIP S AIEXIS MENDOZA □ Defete TITLE ☐ Change ☐ Addition NAME NAME 3751 SW 128 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMILFL 33175 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE:

changed, or on an attachment

Date

Daytime Phone #