

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091905

1. Entity Name
M.M. WHITE & ASSOCIATES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90033 050 ***150.00

Principal Place of Business

4303 VINELAND RD SUITE F-2
ORLANDO FL 32811

Mailing Address

206 E AMELIA ST
ORLANDO FL 32801-1304
US

2. Principal Place of Business

4704 SW 74 AVE

3. Mailing Address

4704 SW 74 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

59-3354077

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

WILLIS, DAVID C
225 E ROBINSON ST SUITE 600
ORLANDO FL 32801

Name

MARK SCHNEIDER

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

4704 SW 74 AVE

City

MIAMI

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

Mark Schneider, Pres. MARK SCHNEIDER

4-20-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | WHITE, MURIEL M | |
| STREET ADDRESS | 206 E AMELIA ST | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VCEO | <input checked="" type="checkbox"/> Delete |
| NAME | WHITE, RICHARD | |
| STREET ADDRESS | 206 E AMELIA ST | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | MARK SCHNEIDER, Pres. | <input type="checkbox"/> Delete |
| NAME | 4704 SW 74 AVE | |
| STREET ADDRESS | MIAMI FL 33155 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------|--|
| TITLE | President, PIR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mark Schneider | |
| STREET ADDRESS | 4704 SW 74 AVE | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Loretta Schneider | |
| STREET ADDRESS | 4704 SW 74 AVE | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mike Palacios | |
| STREET ADDRESS | 10612 SW 147 PL | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

305 261 0027

Daytime Phone #

CR2E034 (9/99)