

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90066 004 ***150.00

DOCUMENT # P96000101820

1. Entity Name

MMWD, INC.

Principal Place of Business

332 2ND ST
 OAKLAND CA 94607
 US

Mailing Address

332 2ND ST
 OAKLAND CA 94607-4102
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3260154

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

SIFRIT, ROBERT C
2315 AARON STREET
PORT CHARLOTTE FL 33952

Name

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

APR 06 2000

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.
 (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	<input type="checkbox"/> Delete
NAME	ARKO, FRITZ	
STREET ADDRESS	33 ESCALON DRIVE	
CITY-STATE-ZIP	MILL VALLEY CA 94941	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MAJUA, MARGARET	
STREET ADDRESS	1150 ESTATES DRIVE	
CITY-STATE-ZIP	LAFAYETTE CA 94549	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	KADIE, ROBERT A	
STREET ADDRESS	332 2ND ST	
CITY-STATE-ZIP	OAKLAND CA 94607	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HAGERMAN, DAVID	
STREET ADDRESS	740 CASTRO STREET	
CITY-STATE-ZIP	SAN FRANCISCO CA 94114	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACINTOSH, ROBERT S	
STREET ADDRESS	225 CONIFER TERRACE	
CITY-STATE-ZIP	DANVILLE CA 94506	
TITLE	D	<input type="checkbox"/> Delete
NAME	COURTNEY, RONALD	
STREET ADDRESS	2141 DOVER COURT	
CITY-STATE-ZIP	WALNUT CREEK CA 94595	

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

Robert A Kadie CFO

Date

Daytime Phone #

4/5/00 (510) 206-2204

CR2E034 (9/99)