

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90107 042 ***150.00

DOCUMENT # P97000063543

1. Entity Name
MHMR CORPORATION

Principal Place of Business

7900 TATUM WATERWAY
#304
MIAMI BCH FL 33141

Mailing Address

9525 BYRON AVENUE
SURFSIDE FL 33154



2. Principal Place of Business

9525 BYRON AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

Zip

33154

Country

Zip

Country

4. FEI Number

65-0769436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECHEVERRIA, RICHARD X
7900 TATUM WATERWAY DR
#304
MIAMI BCH FL 33141

7. Name and Address of New Registered Agent

Name PIOMBO-URIARTE, MARGARITA

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

9525 BYRON AVE 3

City

SURFSIDE

FL

Zip Code

33154

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)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VP
NAME URIARTE, MARIANA
STREET ADDRESS 7900 TATUM WATERWAY DR #304
CITY-ST-ZIP MIAMI BCH FL 33141

☐ Delete

TITLE P
NAME PIOMBO-URIARTE, MARGARITA
STREET ADDRESS 9525 BYRON AVE
CITY-ST-ZIP SURFSIDE FL 33154

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

2/4/02

Date

305. 868.6510

Daytime Phone #

CR2E034 (9/01)