

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90188 012 ***150.00

CR2E034 (10/02)

DOCUMENT # P97000082366

1. Entity Name
M&M SERVICES OF MIAMI, INC.



Principal Place of Business
14255 NW 83 PATH
MIAMI FL 33016
US

Mailing Address
14255 NW 83 PATH
MIAMI FL 33016
US

2. Principal Place of Business

3360 S.W. 173 TERR.
Suite, Apt. #, etc.

3. Mailing Address

3360 S.W. 173 TERR.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MIRAMAR, FL.

City & State

MIRAMAR, FL.

4. FEI Number **65-0783404**

Applied For

Not Applicable

Zip Country
33029 USA

Zip Country
33029 USA

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

GONZALEZ, MARIO
14255 NW 83 PATH
MIAMI FL 33016

Name

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

3360 S.W. 173 TERR.

City

MIRAMAR,

FL

Zip Code

33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GONZALEZ, MARIO**
STREET ADDRESS **14255 NW 83 PATH**
CITY-ST-ZIP **MIAMI FL 33016**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3360 S.W. 173 TERR.**
CITY-ST-ZIP **MIRAMAR, FL. 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mario Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO GONZALEZ

4-15-03

(305) 609-4252

Date

Daytime Phone #