

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90023 023 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000087036

1. Entity Name
M.M.C. GROUP, INC.



Principal Place of Business
16343 NW RAVENWOOD PL
MIAMI LAKES, FL 33014

Mailing Address
16343 NW RAVENWOOD PL
MIAMI LAKES, FL 33014

2. Principal Place of Business
1901 Brickell Avenue

3. Mailing Address
7925 NW 12th St

Suite, Apt. #, etc.
B502

Suite, Apt. #, etc.
318

City & State
Miami, FL

City & State
Miami FL

Zip
33129

Country

Zip
33126

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0823864

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

CAMARA, MARCELA P
16343 NW RAVENWOOD PL
MIAMI LAKES, FL 33014

Name

Street Address (P.O. Box Number is Not Acceptable)
7925 NW 12th St #318

City
Miami

FL

Zip Code
33126

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 *X Marcela Camara*

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$160.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CAMARA, MARCELA P
16343 NW RAVENWOOD PL
MIAMI LAKES, FL 33014 ☐ Delete

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

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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: *X Marcela Camara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)