

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90289 033 ***150.00

DOCUMENT # P97000090234

1. Entity Name

M & M ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4111 SW 25TH STREET
 FORT LAUDERDALE FL 33317

59 KENILWORTH RD
 RYE NY 10580-1910
 US

80095083



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Miller -59 Kenilworth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Rye, New York

4. FEI Number

65-0789910

Applied For

Not Applicable

Zip

Country

Zip

Country

10580

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

BATCHELDER, DRAKE M ESQ
 450 E. LAS OLAS BOULEVARD
 SUITE 950
 FORT LAUDERDALE FL 33311

Name

Deanna Miller

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

4111 SW 25th Street- Office

Fort Lauderdale, Florida

City

FL

Zip Code

33317

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 Deanna Miller- President

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

(NOTE: Registered Agent signature required when reinstating)

4-27-00

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 Delete
 NAME **P MILLER, DEANNA**
 STREET ADDRESS **59 KENILWORTH ROAD**
 CITY-ST-ZIP **RYE NY 10580**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP MILLER, AMY R**
 STREET ADDRESS **59 KENILWORTH ROAD**
 CITY-ST-ZIP **RYE**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S COLBY, SUSAN J**
 STREET ADDRESS **103 OLD ORCHARD ROAD**
 CITY-ST-ZIP **RYE BROOK NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T MILLER, STEVEN E**
 STREET ADDRESS **360 WESTCHESTER AVENUE**
 CITY-ST-ZIP **PORTCHESTER NY 10573**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Deanna Miller

Deanna Miller-President 4-27-00

914-967-5039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)