

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090234

1. Entity Name

M & M ASSOCIATES, INC.

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

05-18-2000 90289 033 ***150.00

Principal Place of Business

Mailing Address

4111 SW 25TH STREET
FORT LAUDERDALE FL 33317

59 KENILWORTH RD
RYE NY 10580-1910
US

80095083

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
STREET ADDRESS MILLER, DEANNA
CITY-ST-ZIP 59 KENILWORTH ROAD
RYE NY 10580

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

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

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

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

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

TITLE ☐ Delete
NAME T
STREET ADDRESS MILLER, STEVEN E
CITY-ST-ZIP 360 WESTCHESTER AVENUE
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deanna Miller-President 4-27-00

914-967-5039

Date

Daytime Phone #

CR2E034 (9/99)