

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90442 014 \*\*\*150.00

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**DOCUMENT # P97000090234**

1. Entity Name

**M & M ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**4111 SW 25TH STREET  
 FORT LAUDERDALE FL 33317**

**C/O MILLER - 59 KENILWORTH RD.  
 RYE NY 10580  
 US**

2. Principal Place of Business

3. Mailing Address

**4111 SW 25th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Fort Lauderdale, Fl.**

City & State

City & State

**33317**

Zip

Country

Zip

Country

4. FEI Number

**65-0789910**

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

**BATCHELDER, DRAKE M ESQ  
 4111 SW 25TH ST. OFFICE  
 FORT LAUDERDALE FL 33317**

Name

**Deanna Miller**

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

**4111 SW 25th Street**

**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

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) ☐

**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. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MILLER, DEANNA 59 KENILWORTH ROAD RYE NY 10580</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MILLER, AMY R 59 KENILWORTH ROAD RYE</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S COLBY, SUSAN J 103 OLD ORCHARD ROAD RYE BROOK NY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MILLER, STEVEN E 360 WESTCHESTER AVENUE PORTCHESTER NY 10573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Deanna Miller* - **Deanna Miller** 4/2/02 914-9675039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)