

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 4111 SW 25TH STREET FORT LAUDERDALE FL 33317	Mailing Address C/O MILLER - 59 KENILWORTH RD. RYE NY 10580 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0789910	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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)