

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90071 047 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P97000095828</b>			
<b>1. Entity Name</b> <b>M&amp;M STATION, INC.</b>			
<b>Principal Place of Business</b> 12398 SW 82ND AVE MIAMI FL 33156		<b>Mailing Address</b> 12398 S.W. 82ND AVENUE MIAMI FL 33156-5255	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
<b>6. Name and Address of Current Registered Agent</b>  ROTH, MITCHEL W 16459 N.E. 6TH AVENUE NORTH MIAMI BEACH FL 33162		<b>7. Name and Address of New Registered Agent</b>  Name: <u>Gorman, Leonard H.</u> Street Address (P.O. Box Number is Not Acceptable): <u>2555 Lejeune Rd, Penthouse 1-D</u> City: <u>Coral Gables</u> FL Zip Code: <u>33134</u>	
<b>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.</b>  SIGNATURE: <u>[Signature]</u> DATE: <u>4/15/00</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>Fontecilla, Isabel E</b> <b>12907 S.W. 103RD PLACE</b> <b>MIAMI FL 33176</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <input type="checkbox"/> Delete <b>Fonticella, Carlos</b> <b>13031 MAR STREET</b> <b>CORAL GABLES FL 33156</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> <u>[Signature]</u> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<u>Carlos Fontecilla</u> 4-26-00 (305) 255-4145 <b>Date Daytime Phone #</b>	

05-08-2000