

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045370

1. Entity Name

M.M. & COMPANY, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90014 034 ***550.00

Principal Place of Business

3397 S.W. 42ND AVE.
PALM CITY FL 34990

Mailing Address

3397 S.W. 42ND AVE.
PALM CITY FL 34990

2. Principal Place of Business

3397 SW 42nd Ave.

3. Mailing Address

3397 SW 42nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Palm City, FL

4. FEI Number

65-6057384

Applied For

Not Applicable

Zip

Country

34990-5554

Martin

Zip

Country

34990

Martin

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAZZILLI, MICHAEL
3397 S.W. 42ND AVE.
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Michael Mazzilli

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael Mazzilli 8-1-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	MAZZILLI, MARK	
STREET ADDRESS	2664 SW HORSESHOE TRAIL	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MAZZILLI, MICHAEL	
STREET ADDRESS	2440 SE 15TH TERR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Mazzilli

8-1-00

Date

561-283-6741

Daytime Phone #

CR2E034 (5/00)