2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000077270**

MULLER & MULLER MORTGAGE AND INVESTMENTS, INCORP

Principal Place of Business

Mailing Address

1717 BAYSHORE DRIVE #1034

MIAMI FL 33132

1717 BAYSHORE DRIVE #1034 MIAMI FL 33132-1149

FILED Mar 04, 2000 8:00 am Secretary of State

03-04-2000 90031 010 ***150.00

n 0/	Alexand Business	3. Mailing Address		\dashv				
z. Principal Pi 717 <i>Wol</i>	lace of Business RTH BAYSHORE DRIVE	1717 Nonth B	MYSHORE UR	<u>iv</u> E		. 		if i 06 11 100)
Suite, Apt.	#, etc. 034	Suite, Apt. #, etc.	4		DO NOT WRITE	E IN THIS SPA	∖CE	
City & State			ORIDA	4. FE	65-0865734		-	plied For of Applicable
2 2 1 2	7 Country	Zip 72 13 2	Country USA	5. Ce	ertificate of Status Desired		3.75 Add	ditional
שונ כ	6. Name and Address of Current F		7, N a	ame and Address of New Re				
	<u> </u>		Name //	10 CF	10 MULLEY	P		
	PORATION SERVICE COMPANY	Street Address (P.O. Box Number is Not Acceptable)						
	HAYS STREET				$\overline{\rho}$			107
IALL	AHASSEE FL 32301-2525	1717 NORTH BAYSHORE DRIVE SUITE 1033						
			CityMin	1 Mi	·	FL	337	<u> 32 </u>
B. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	stered ager	nt, or both, in the State of Flor	ida.	1	f
	Maril II. A	MADO	cio Muca	- 10	MACINCALT	na/	oili	00
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable (NOT)	E. Registered Agent signature requ	uired when rein	istating)	DATE	911	<u> </u>
			!!! FEE IS \$150.00					
Tax filing requirement and elects to do so. After MAY 1, 2			00 Fee will be \$550.0		 Election Campaign Fina Trust Fund Contribution 		T	May Be
(See criter	ria on back)	Make Check Payah	le to Department of S					
11.	OFFICERS AND D	· · · · · · · · · · · · · · · · · · ·	12.		DITIONS/CHANGES TO OFFIC			_
TITLE NAME	D Muller da Silva, Marcelo Si	☐ Delete	TITLE PR	ESID	ENT	0	Change	Addition
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CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP					
TITLE	D	Delete	TITLE				Change	☐ Addition
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CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP					
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NAME STREET ADDRESS			NAME STREET ADDRESS					
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indicated of the cor	certify that the information supplied with l on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, w	true and accurate and that r wered to execute this report	CITY-ST-ZIP r the exemption stated in my signature shall have t as required by Chapter	ne same le	egal effect as it made under o	ath: that I am	an omcer	or airector