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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91329 039 ***150.00

DOCUMENT # P98000104628

1. Entity Name
M+M Car Service

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
412 Britany I	412 Britany
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Delray Bch FL	City & State: Delray Bch FL
Zip: 33446 Country: U.S.	Zip: 33446 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0895595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Mario Castelli
Street Address (P.O. Box Number is Not Acceptable): 412 Britany I
City: Delray Bch FL Zip Code: 33446

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 ____________________ DATE ________

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME: Mario Castelli STREET ADDRESS: 412 Britany I CITY-ST-ZIP: Delray Bch FL, 33446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Mario Castelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #