

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000104850

1. Entity Name

M&L UNLIMITED, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 28 PM 1:07

Principal Place of Business

18120 NW 18 St
Pembroke Pines, FL 33029

Mailing Address

18120 NW 18 St
Pembroke Pines, FL 33029

2. Principal Place of Business

The same above 18 St

3. Mailing Address

The same above 18 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FEIN STATEMENT DO NOT WRITE IN THIS SPACE

00-01

City & State

Pembroke Pines

City & State

Pembroke Pine

4. FEI Number

65P0803729

Applied For

Not Applicable

Zip

FL

Country

33029

Zip

FL

Country

33029

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Lourdes Feijoo
18120 NW 18 St
Pembroke Pines, FL 33029

7. Name and Address of New Registered Agent

Name

N/A

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 Lourdes Feijoo President

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

Lourdes Feijoo

(NOTE: Registered Agent signature required when reinstating)

04/30/01

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, 2000 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	<input type="checkbox"/> Delete
	Lourdes Feijoo President			<input type="checkbox"/>
	Lourdes Feijoo	18120 NW 18 St	Pembroke Pines, FL 33029	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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****908.75 ****908.75

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: Lourdes Feijoo

954-435-2991