

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91525 025 ***150.00

DOCUMENT # P99000007504

1. Entity Name m.m.E. Industries Inc.

DO NOT WRITE IN THIS SPACE

643807

2. Principal Place of Business

8855 Okeechobee Blvd.

3. Mailing Address

8855 Okeechobee Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

205

City & State

City & State

West Palm Beach, FL.

West Palm Beach, FL.

4. FEI Number

65-0897576

Applied For

Not Applicable

Zip

33411

Country

Palm Beach

Zip

33411

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Steven J. Ebert

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

8855 Okeechobee Blvd #205

City

West Palm Beach

FL

Zip Code

33411

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-02

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 President
NAME Steven J Ebert
STREET ADDRESS 8855 Okeechobee Blvd #205
CITY-ST-ZIP West Palm Beach FL 33411

TITLE Secretary
NAME Jennifer Cappello
STREET ADDRESS 8855 Okeechobee Blvd #205
CITY-ST-ZIP West Palm Beach FL 33411

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IN THIS SPACE**

CR2E034B (12/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-02

Date

561-216-9417

Daytime Phone #