

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000 17-59-2

1. Entity Name
M & M Unlimited, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90128 031 ***158.75

Principal Place of Business
M & M UNLIMITED INC
101 SE 7TH ST. #12
DEERFIELD BCH. FL 33441
PH #954-421-9266 FAX 954-421-9488

Mailing Address

2. Principal Place of Business
101 S.E. 7th STREET
Suite, Apt. #, etc.
#12

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DEERFIELD Bch, FL.
Zip
33441

City & State

4. FEI Number

65-0907988

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIA T. PINDER
900 N.E. 48th ST. #4
Pompano Bch, FL. 33064

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 **Maria T. Pinder**

3-12-00

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MARIA T. PINDER	
STREET ADDRESS	900 NE 48th ST. #4	
CITY-ST-ZIP	Pompano Bch, FL. 33064	
TITLE	V/T/S	<input type="checkbox"/> Delete
NAME	ROBERT M. PINDER	
STREET ADDRESS	900 NE 48th ST. #4	
CITY-ST-ZIP	Pompano Bch, FL. 33064	
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"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 **Maria T. Pinder**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-00

954-421-9266
Date Daytime Phone #