

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90154 035 ***150.00

DOCUMENT # P99000017592

1. Entity Name

M & M UNLIMITED, INC.

Principal Place of Business

**101 SE 7TH STREET
 #12
 DEERFIELD BEACH FL 33441**

Mailing Address

**101 SE 7TH ST. #12
 DEERFIELD BEACH FL 33441**

00007110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

**PINDER, MARIA T
 900 NE 48TH STREET #4
 POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name **PINDER, ROBERT**
 Street Address (P.O. Box Number is Not Acceptable)
4911 NW 4th DRKAGE
 City **Pompano Bch** FL Zip Code **33064**

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*

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

(NOTE: Registered Agent signature required when reinstating)

4-8-02

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P			<input checked="" type="checkbox"/>	
	PINDER, MARIA	900 N.E. 48TH STREET #4	POMPANO BEACH FL 33064		
	VTS			<input type="checkbox"/>	
	PINDER, ROBERT	900 NE 48TH ST. #4	POMPANO BEACH FL 33064		
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

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: *Robert M. Pinder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 954-421-9266

Date

Daytime Phone #

CR2E034 (9/01)