

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000034929**

1. Entity Name

MNM CORPORATION

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90006 026 ***150.00

Principal Place of Business

Mailing Address

7316 INTERNATIONAL DR. 7316 INTERNATIONAL DR
ORLANDO FL. 32819 ORLANDO FL. 32819

655652

2. Principal Place of Business

7061 GRAND NATIONAL DR.

3. Mailing Address

7061 GRAND NATIONAL DR

Suite, Apt. #, etc.

107C

Suite, Apt. #, etc.

107-C

City & State

ORLANDO FL.

City & State

ORLANDO FL.

4. FEI Number

59-3570053

Applied For

Not Applicable

Zip

32819

Country

N/A

Zip

32819

Country

N/A

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

RUBEN D. TORO
7345 SAND LAKE RD. STE. 201
ORLANDO FL. 32819

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

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-T-D** ☐ Delete
NAME **MAX P. TORRES**
STREET ADDRESS **13231 LUXBURY LOOP**
CITY-ST-ZIP **ORLANDO FL. 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP-S-D** ☐ Delete
NAME **MARTA P. ROCHA**
STREET ADDRESS **13231 LUXBURY LOOP**
CITY-ST-ZIP **ORLANDO FL. 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marta Rocha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2000 (407) 816-8117
Date Daytime Phone #

CR2E034 (9/99)