

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90043 019 \*\*\*150.00

**DOCUMENT # P99000036608**

1. Entity Name  
**FMM HOLDINGS INC.**

Principal Place of Business Mailing Address  
 260 CRANDON BLVD. #3 260 CRANDON BLVD. #3  
 KEY BISCAIYNE FL 33149 KEY BISCAIYNE FL 33149-1537



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 260 CRANDON BLVD #34 260 CRANDON BLVD #34  
 Suite, Apt. #, etc. #34 Suite, Apt. #, etc. #34

City & State Key Biscayne FL Key Biscayne FL 4. FEI Number 59-3575562 Applied For Not Applicable  
 Zip 33149 Country DADE/USA Zip 33149 Country DADE USA 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MEYER, MARK  
 260 CRANDON BLVD. #34  
 KEY BISCAIYNE FL 33149

7. Name and Address of New Registered Agent  
 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]* V.P. (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.  **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 NAME STREET ADDRESS CITY-ST-ZIP	D THEODOLI, FRANCESCO 71 ECCLESTN SQUARE MEWS LONDON ENGLAND, SW1Q0N <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Theodoli FRANCESCO 512 WARREN LA Key Biscayne, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAIAFA, MASSIMO VIA DOMENICO FONTANA 74 NAPLES ITALY 80128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, MARK 260 CRANDON BLVD. #3 KEY BISCAIYNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date Daytime Phone #

CR2E034 (9/99)