

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048439

1. Entity Name  
MMHA, INC. ✓

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90005 018 \*\*\*150.00

Principal Place of Business Mailing Address

5135 INTERNATIONAL DR.  
UNIT 3  
ORLANDO FL. 32819

2. Principal Place of Business 3. Mailing Address  
5135 INTERNATIONAL DR. 5135 INTERNATIONAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

3

City & State

City & State

ORLANDO FL.

ORLANDO FL.

Zip

Zip

32819

32819

Country

Country

4. FEI Number

59-3580920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

B0025683

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name RONALDO E. TOME

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

2504 CLARINET DR.

City ORLANDO

FL

Zip Code 32837

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)

02/15/2000

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME P-V-P-S-T-D  
STREET ADDRESS RONALDO E. TOME  
CITY-ST-ZIP 2504 CLARINET DR.  
ORLANDO FL. 32837

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  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/2000 (407)370-6011

Date

Daytime Phone #