

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90436 011 \*\*\*150.00

**DOCUMENT # P99000049351**

1. Entity Name  
**MLM INVESTMENTS, INC.**

Principal Place of Business                      Mailing Address  
**7989 N.W. 21 ST.**                                      **7989 N.W. 21 ST.**  
**MIAMI FL 33122**    **MIAMI FL 33122-1616**

**00078117**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business                      3. Mailing Address  
**10480 NW 37 TERRACE**                              **10480 NW 37 TERRACE**

Suite, Apt. #, etc.                                      Suite, Apt. #, etc.  
**N/A**    **N/A**

City & State    City & State  
**MIAMI FL**    **MIAMI FL**

4. FEI Number    Applied For  
**650924586**    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	
<b>MURRAY, MILTON A</b> <b>7989 N.W. 21 ST.</b> <b>MIAMI FL 33122</b>		Name <b>MURRAY, MILTON A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10480 NW 37 TERRACE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33178-4200</b>	

*ADDRESS CONNECTION ONLY*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>PD</b> <b>MURRAY, MILTON A</b> <b>141 N.W. 89 ST.</b> <b>MIAMI FL 33150</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>REVILLA, MARIO</b> <b>5406 S.W. 134 PLACE</b> <b>MIAMI FL 33175</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>VALDESPINO, LUIS</b> <b>11480 S.W. 59 TERR.</b> <b>MIAMI FL 33173</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*                                      Date **5-30-2000**                      Daytime Phone # **305-463-9861**

CR2E034 (9/99)