

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057886

1. Entity Name

~~GAZTAMBIDE BROTHERS, INC.~~ MMJ INVESTMENTS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90037 014 ***150.00

Principal Place of Business

Mailing Address

~~220 TROPICANA DRIVE~~
~~PUNTA GORDA FL 33950~~

~~220 TROPICANA DRIVE~~
~~PUNTA GORDA FL 33950~~

2539 Rio Palermo Ct.
Punta Gorda, Fl. 33950

2539 Rio Palermo Ct.
Punta Gorda, Fl. 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

-4. FEI Number

65-0931136

Applied For

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

~~GAZTAMBIDE, MARIO F~~ Miriam G. Basilio
~~220 TROPICANA DRIVE~~ 2539 Rio Palermo Ct.
~~PUNTA GORDA FL 33950~~ Punta Gorda, Fl.
33950

Name Miriam G. Basilio

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

2539 Rio Palermo Court

City punta Gorda

FL

Zip 33950

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 *Miriam G. Basilio* - MIRIAM G. BASILIO

3/22/2000

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 D ☐ Delete
NAME GAZTAMBIDE, MARIO F
STREET ADDRESS ~~220 TROPICANA DRIVE~~
CITY-ST-ZIP ~~PUNTA GORDA FL 33950~~

TITLE D ☒ Change ☐ Addition
NAME GAZTAMBIDE, MARIO F.
STREET ADDRESS 1703 San Etanislao, Urb.S. Ignacio
CITY-ST-ZIP SAN JUAN, P.R. 00927

TITLE D ☐ Delete
NAME GAZTAMBIDE, MIRIAM A
STREET ADDRESS ~~220 TROPICANA DRIVE~~
CITY-ST-ZIP ~~PUNTA GORDA FL 33950~~

TITLE D ☒ Change ☐ Addition
NAME GAZTAMBIDE, MIRIAM A.
STREET ADDRESS 1703 San Etanislao, Urb.S. Ignacio
CITY-ST-ZIP SAN JUAN, P.R. 00927

TITLE D ☐ Delete
NAME GAZTAMBIDE, MARIO F JR.
STREET ADDRESS DE DIEGO 104, URB SAN FRANCISCO, SAN JUAN
CITY-ST-ZIP PUERTO RICO 00927

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

TITLE D ☐ Delete
NAME GAZTAMBIDE, JOSE R
STREET ADDRESS LILAS 1663, URB SAN FRANCISCO, SAN JUAN
CITY-ST-ZIP PUERTO RICO 00927

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

TITLE D ☐ Delete
NAME BASILIO, MIRIAM M
STREET ADDRESS 2539 RIO PALMERMO CT.
CITY-ST-ZIP PUNTA GORDA FL 33950

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: *Miriam G. Basilio* MIRIAM G. BASILIO

3/22/2000

991-637 6754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)