

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067577

1. Entity Name
M AND M PRODUCTIONS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State
 03-01-2000 90039 015 ***150.00

Principal Place of Business **Mailing Address**

2001 N.W. 114TH AVENUE 2001 N.W. 114TH AVENUE
 PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026-2017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

12250 NW 12 ST **12250 NW 12 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
PLANTATION FL 33323 **PLANTATION FL 33323**
 City & State City & State

Zip Country Zip Country
33323 **U.S.A** **33323** **USA**

4. FEI Number **Applied For**
65-0969942 ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SALVER, PAUL
5881 N.W. 151ST STREET
STE 101
MIAMI LAKES FL 33014

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D DREYER, MARK 2001 N.W. 114TH AVENUE PEMBROKE PINES FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREYER MARK 12250 NW 12 ST PLANTATION FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: Mark Dreyer **2-22-00 954-916-1957**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)