

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077120

1. Entity Name

M & M CARPETS CORPORATION

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

05-01-2000 90473 036 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 422045
MIAMI FL 33242

P.O. BOX 422045
MIAMI FL 33242-2045

838922

2. Principal Place of Business

P.O. Box 422045

3. Mailing Address

P.O. Box 422045

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL 33242

4. FEI Number

59-3400888

Applied For

Not Applicable

Zip

33242

Country

Zip

33242

Country

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

ALVARENGA, PATRICIA
2423 N.W. 14TH ST., APT. 2
MIAMI FL 33125

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, 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	P	<input type="checkbox"/> Delete	TITLE	Alvarenga, Miguel A (President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARENGA, EVELYN		NAME	11330 SW 44th ST	
STREET ADDRESS	5300 W. 21ST CT., APT. 213		STREET ADDRESS	MIAMI, FL 33165	
CITY-ST-ZIP	HALEAH FL 33016		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARENGA, MIGUEL A		NAME	Alvarenga, Evelyn Y.	
STREET ADDRESS	5300 W. 21ST CT., APT. 213		STREET ADDRESS	11330 SW 44th ST	
CITY-ST-ZIP	HALEAH FL 33016		CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

Date

Daytime Phone #

(305) 5599717 or (305) 4808411

(305) 5123434 or (786) 8478992

CR2E034 (9/99)