

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000080415**

1. Entity Name

MULTIDENTAL, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 PM 3:21

Principal Place of Business

Mailing Address

13941 SW 11TH STREET
MIAMI FL 3318413941 SW 11TH STREET
MIAMI FL 33184-2772**E0030650**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0948566

Applied For

Not Applicable

Zip

Country

Zip

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

**JARQUIN-VALDIVIA,
13941 SW 11TH STREET
MIAMI FL 33184**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	JARQUIN-VALDIVIA, ALVARO J		
STREET ADDRESS	13941 SW 11TH STREET		
CITY-ST-ZIP	MIAMI FL 33184		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-6-00**

Daytime Phone #

CH 1 (1/4/99)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 1 of 2

APPLICATION
99/00-UBB
 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR 30 AM 11:29

DOCUMENT # **P98000056517**

1. Corporation Name
M & M GOLD, INC.

Principal Place of Business Mailing Address

**4475 Woodbine Road
 Pace, FL 32571**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 4024 Highway 90 Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable PO Box 1042 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida	
City & State Pace, FL 32571		City & State Pace FL		5. FEI Number 59-3527698 Applied For Not Applicable	
Zip 32571	Country Santa Rosa	Zip 32571	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Tracey McMackin	4024 Highway 90	Pace, FL 32571
D	Arleen Montford	4024 Highway 90	Pace, FL 32571
			3000003198913-7 -04/06/00--01036--010 ****150.00 ****150.00
			3000003198913-7 -04/06/00--01036--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Jack Locklin, Jr.
 77 Jones Ave.
 Milton, FL 32570**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
Jack Locklin, Jr.
 REGISTERED AGENT MUST SIGN

Date **12-15-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Tracey McMackin**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000
 Date

Daytime Phone #

CR2E081 (12/98)

2 of 2

Attachment

December 15, 1999

Florida Department of State
Division of Corporations
Attn: Reinstatement
P.O. Box 6327
409 E. Gaines Street
Tallahassee, FL 32314

RE: Reinstatement of M & M GOLD, INC.

Dear Sir:

Our place of business moved from 4475 Woodbine Road, Pace Florida 32571, to 4024 Highway 90, Pace, Florida 32571.

The Annual Report was sent to the Woodbine Road address and was never forwarded to us.

It is my understanding the \$600.00 penalty will be waived for a good reason for not filing the report. We did not know it was due.

Enclosed is my check in the amount of \$150.00 for the 1999 fees. If you have any question, please call me at (850)994-9344.

Yours very truly,

Arleen Montford

~~Tracey McMackin~~

~~ARLEEN MONTFORD~~

Dir & Vice Pres.

TM/