

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085133

1. Entity Name

M & M LANDSCAPING DESIGN, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90371 004 \*\*\*150.00

Principal Place of Business

1980 NW 4TH AVE., APT. #A-101  
BOCA RATON FL 33432

Mailing Address

1980 NW 4TH AVE., APT. #A-101  
BOCA RATON FL 33432-1589

2. Principal Place of Business

1980 NW 4th Ave

3. Mailing Address

1980 NW 4th Ave Apt

Suite, Apt. #, etc.

Apt # A-101

Suite, Apt. #, etc.

Apt # A-101

City & State

Boca Raton FLA

City & State

Boca Raton FLA

Zip

33432

Country

USA

Zip

33432

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0947525

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

MARANO, ROBERT J  
1980 NW 4TH AVE.  
BOCA RATON FL 33432

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	PTD	<input type="checkbox"/> Delete
NAME	MARANO, ROBERT J	
STREET ADDRESS	22071 ASLATIC ST.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MARANO, RONALD G	
STREET ADDRESS	1980 NW 4TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/2000 581-470-8448

CR2E034 (9/99)