

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092659

1. Entity Name

MONJONETTE M & M, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90845 031 ***150.00

Principal Place of Business

104 CRANDON BLVD.
SUITE 311-A
KEY BISCAYNE FL 33149

Mailing Address

104 CRANDON BLVD.
SUITE 311-A
KEY BISCAYNE FL 33149-1542

2. Principal Place of Business

328 CRANDON BLVD
Suite, Apt. #, etc.
SUITE 215A

3. Mailing Address

328 CRANDON BLVD
Suite, Apt. #, etc.
SUITE 215A

City & State

KEY BISCAYNE

Zip

FL

Country

USA

City & State

KEY BISCAYNE

Zip

33149

Country

USA

4. FEI Number

65-0955762

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENARANDA, MONICA
104 CRANDON BLVD.
SUITE 311-A
KEY BISCAYNE FL 33149

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PENARANDA, MONICA	
STREET ADDRESS	177 OCEAN LANE DRIVE APT. #102	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENARANDA, MONICA	
STREET ADDRESS	155 OCEAN LANE DRIVE APT #312	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALENCIA, ELIVIA	
STREET ADDRESS	155 OCEAN LANE DRIVE APT #312	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONICA PENARANDA (305) 365-7762

APR 28, 00

Daytime Phone

CR2F034 (9/99)