

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90008 007 \*\*\*150.00

DOCUMENT # **P 9 9 0 0 0 1 0 6 1 2 7** ✓  
 1. Entity Name  
**M F M ENTERPRISES, INC.**

Principal Place of Business  
**13080 N 68 ST**  
**WEST PALM BEACH**  
**FL 33412**

Mailing Address  
**13080 N 68 ST**  
**WEST PALM BEACH**  
**FL 33412**

**A0338995**

2. Principal Place of Business  
**13080 N 68 ST**

3. Mailing Address  
**13080 N 68 ST**

DO NOT WRITE IN THIS SPACE

City & State  
**WEST PALM BEACH FL**

City & State  
**WEST PALM BEACH**

Zip  
**33412**

Country  
**FLORIDA**

4. FEI Number  
**65-0964830**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**MIGUEL F MORENO**  
**13080 N 68 ST**  
**WEST PALM BEACH**  
**FL 33412**

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]** (NOTE: Registered Agent signature required when reinstating)

DATE **3-1-2001**

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, 2001 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	<b>P/D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MIGUEL MORENO</b>		NAME		
STREET ADDRESS	<b>13080 N 68 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33412</b>		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		
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
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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 reports 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]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-1-2001** Daytime Phone #

CR2E034 (11/00)