

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90444 028 ***150.00

DOCUMENT # S06053

1. Entity Name
M & M ELECTRONICS, INC.



Principal Place of Business
**7341 NW 35TH STREET
MIAMI FL 33122**

Mailing Address
**7341 NW 35TH STREET
MIAMI FL 33122**



2. Principal Place of Business
3100 NW 72 AVE

3. Mailing Address
3100 NW 72 AVE

Suite, Apt. #, etc.
SUITE # 108

Suite, Apt. #, etc.
SUITE # 108

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33122

Country
USA

Zip
33122

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0232940**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRIS, MICHAEL T
8256 NORTHWEST 30TH TERRACE
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name **MORRIS, MICHAEL T.**
Street Address (P.O. Box Number is Not Acceptable)
**3100 NW 72 AVE
SUITE # 108**
City **MIAMI, FL** Zip Code **33122**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, MICHAEL T 7341 NW 35TH STREET MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, MARIA G 7341 NW 35TH STREET MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, MARIA G 7640 NW 25 ST. SUITE 116 MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, MARIA G. 7640 NW 25TH, SUITE 116 MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, MICHAEL T. 3100 NW 72 AVE Suite 108 MIAMI, FL. 33122	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, MARIA G. 3100 NW 72 AVE Suite 108 MIAMI, FL. 33122	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, MARIA G. 3100 NW 72 AVE Suite 108 MIAMI, FL. 33122	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, MARIA G. 3100 NW 72 AVE Suite 108 MIAMI, FL. 33122	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. MORRIS **4-15-03** **305-477-2281**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)