

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V39895

1. Entity Name

NEW M & M CORPORATION

Principal Place of Business

% FRANK MOYA, M.D.
801 ARTHUR GODFREY RD SUITE 400
MIAMI BEACH FL 33140

Mailing Address

% FRANK MOYA, M.D.
801 ARTHUR GODFREY RD SUITE 400
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0351003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.
2 ALHAMBRA PLAZA
SUITE 1202
CORAL GABLES FL 33134

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, 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 CDP ☐ Delete
NAME MOYA, M. D. FRANK
STREET ADDRESS 801 ARTHUR GODFREY ROAD., SUITE 400
CITY-ST-ZIP MIAMI FL

TITLE CDP ☒ Change ☐ Addition
NAME MOYA, M. D. FRANK
STREET ADDRESS 1320 S. DIXIE HWY., SUITE 1060
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE DST ☐ Delete
NAME MOYA, ELIZABETH M.
STREET ADDRESS 801 ARTHUR GODFREY RD SUITE 400
CITY-ST-ZIP MIAMI FL

TITLE DST ☒ Change ☐ Addition
NAME MOYA, ELIZABETH M.
STREET ADDRESS 1320 S. DIXIE HWY., SUITE 1060
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90238 023 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)

4/18/01 (305) 666-3002