

FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)

150

DOCUMENT # V48252

1. Entity Name

M3M AUTO BODY & GENERAL REPAIR  
INC.



FILED

07 JAN 19 PM 3:58

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1208 NE 8<sup>th</sup> Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

FT LAUD.

Suite, Apt. #, etc.

City & State

FL.

City & State

Zip

33304

Country

BROWARD

Zip

Country

4. FEI Number

650357590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MONERR BAKSH

Street Address (P.O. Box Number is Not Acceptable)

1424 NE 18<sup>th</sup> AVE

City

FT LAUD

FL

Zip Code

33304

DO NOT WRITE  
IN THIS SPACE

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.

200086140162  
01/24/07--01035--004 \*\*300.00

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT

MONERR BAKSH

1424 NE 18<sup>th</sup> AVE

FT LAUD FL 33304

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

for 1/22

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VICE PRESIDENT

ALANA BAKSH

1424 NE 18<sup>th</sup> AVE

FT LAUD FL 33304

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TREASURER

MEGAN BAKSH

1424 NE 18<sup>th</sup> AVE

FT LAUD FL 33304

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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 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 #

Jan 17-07-984467-1627