

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P16000090641

**Entity Name:** MMM OF FLORIDA, INC.

**Current Principal Place of Business:**

5775 BLUE LAGOON DRIVE, SUITE 450  
MIAMI, FL 33126

**Current Mailing Address:**

5775 BLUE LAGOON DRIVE, SUITE 450  
MIAMI, FL 33126 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT & CEO  
Name            SCHUTZEN, RON  
Address        5775 BLUE LAGOON DRIVE, SUITE  
                  450  
City-State-Zip: MIAMI FL 33126

Title            SENIOR VP & SECRETARY  
Name            MAZZORANA, TONY  
Address        5775 BLUE LAGOON DRIVE, SUITE  
                  450  
City-State-Zip: MIAMI FL 33126

Title            CFO  
Name            CHEVANCE, CLAUDE  
Address        5775 BLUE LAGOON DRIVE, SUITE  
                  450  
City-State-Zip: MIAMI FL 33126

Title            COO  
Name            GRIESEMER, SCOTT  
Address        5775 BLUE LAGOON DRIVE, SUITE  
                  450  
City-State-Zip: MIAMI FL 33126

Title            DIRECTOR  
Name            SCHUTZEN, RON  
Address        5775 BLUE LAGOON DRIVE, SUITE  
                  450  
City-State-Zip: MIAMI FL 33126

Title            DIRECTOR  
Name            MAZZORANA, TONY  
Address        5775 BLUE LAGOON DRIVE, SUITE  
                  450  
City-State-Zip: MIAMI FL 33126

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RON SCHUTZEN

**PRESIDENT & CEO**

**05/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date