

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-18-2003 90130 024 ***150.00

0325059 AV

DOCUMENT # 431076

1. Entity Name
MARTIN BROTHERS ENTERPRISES, INC.



Principal Place of Business
P.O. BOX 650632
MIAMI FL 33265

Mailing Address
P.O. BOX 650632
MIAMI FL 33265



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1545349**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

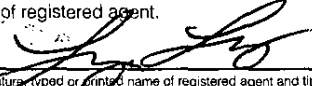
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, LAZARO J ESQUIRE
255 ALHAMBRA CIR.
SUITE 380
CORAL GABLES FL 33134

Name **LAZARO J LOPEZ, ESQ**
Street Address (P.O. Box Number is Not Acceptable) **3631 SW 8ST, Ste 206**
City **MIAMI** FL Zip Code **33135**

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  **LAZARO J LOPEZ**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-15-03**

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 Delete
NAME **P MARTIN, FIDE R**
STREET ADDRESS **255 ALHAMBRA CIR. #380**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **V MARTIN, PAULINO F**
STREET ADDRESS **255 ALHAMBRA CIR. #380**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

 **PAULINO F. MARTIN**
SIGNATURE OF OFFICER OR DIRECTOR

4/16/03
Date

Daytime Phone #

CR2E034 (10/02)