

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001978

1. Entity Name

DR. NESTOR MARTINEZ FOUNDATION, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90206 014 ****61.25

Principal Place of Business 37 BAY HEIGHTS DRIVE MIAMI FL 33133	Mailing Address 37 BAY HEIGHTS DRIVE MIAMI FL 33133-2605
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DO NOT WRITE IN THIS SPACE

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 65-0583041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARTINEZ, LUZ
37 BAY HEIGHTS DRIVE
MIAMI FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MARTINEZ, LUZ
STREET ADDRESS	37 BAY HEIGHTS DRIVE
CITY-ST-ZIP	MIAMI FL 33133
TITLE	D <input type="checkbox"/> Delete
NAME	MARTINEZ, NESTOR J
STREET ADDRESS	410 NORTH WEST 199TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	D <input type="checkbox"/> Delete
NAME	MARTINEZ, JOSE M
STREET ADDRESS	1617 MADRID ST
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> Delete
NAME	MARTINEZ, ANA
STREET ADDRESS	37 BAY HEIGHTS DRIVE
CITY-ST-ZIP	MIAMI FL 33133
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JOSE M.
STREET ADDRESS	8800 SW 100th AVE.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: _____ **REQUIRED** **4/26/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)