

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90190 043 ****61.25

0038904

DOCUMENT # N95000001978

1. Entity Name

DR. NESTOR MARTINEZ FOUNDATION, INC.

Principal Place of Business

37 BAY HEIGHTS DRIVE
 MIAMI FL 33133

Mailing Address

37 BAY HEIGHTS DRIVE
 MIAMI FL 33133

000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

52 Montilla Ave
 Suite, Apt. #, etc.

3. Mailing Address

52 Montilla Ave
 Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Coral Gables, FL

4. FEI Number

65-0583041

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired

\$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)

52 Montilla Ave.

City

Coral Gables

FL

Zip Code

33134

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

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: D Delete
 NAME: MARTINEZ, LUZ
 STREET ADDRESS: ~~37 BAY HEIGHTS DRIVE~~ 52 Montilla Ave
 CITY-ST-ZIP: ~~MIAMI FL 33133~~ Coral Gables, FL 33134

TITLE: D Delete
 NAME: MARTINEZ, NESTOR J
 STREET ADDRESS: 410 NORTH WEST 199TH AVENUE
 CITY-ST-ZIP: PEMBROKE PINES FL 33029

TITLE: D Delete
 NAME: MARTINEZ, JOSE M
 STREET ADDRESS: 8800 S3W 60M AVE
 CITY-ST-ZIP: MIAMI FL 33156

TITLE: D Delete
 NAME: MARTINEZ, ANA
 STREET ADDRESS: ~~37 BAY HEIGHTS DRIVE~~ 52 Montilla Ave.
 CITY-ST-ZIP: ~~MIAMI FL 33133~~ Coral Gables, FL 33134

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE: Change Addition
 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 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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

Daytime Phone #

CR2E037 (10/00)