

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90139 048 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

|  |                        |   |    |                                 |      |                   |  |                |                        |  |             |                |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|--|------------------------|---|----|---------------------------------|------|-------------------|--|----------------|------------------------|--|-------------|----------------|--|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT #</b> P94000013301<br><b>1. Entity Name</b><br>OSWALDO MARTINEZ, DDS, P.A.   |                        |   |    |                                 |      |                   |  |                |                        |  |             |                |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>Principal Place of Business</b><br>5505 NW 7 ST<br>APT W 115<br>MIAMI FL 33126<br>US  |                        | <b>Mailing Address</b><br>P O BOX 145280<br>CORAL GABLES FL 33114<br>US   |    |                                 |      |                   |  |                |                        |  |             |                |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>2. Principal Place of Business</b><br>7500 SW 8 st<br>Suite, Apt. #, etc.<br>ste 303<br>City & State<br>MIAMI FL<br>Zip<br>33144<br>Country<br>MIAMI-DADE   |                        | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.<br>City & State<br>City<br>Zip<br>Country  |    |                                 |      |                   |  |                |                        |  |             |                |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>DR. OSWALDO MARTINEZ<br>5505 NW 7 ST<br>APT W 115<br>MIAMI FL 33126  |                        | <b>7. Name and Address of New Registered Agent</b><br>Name OSWALDO MARTINEZ, DDS<br>Street Address (P.O. Box Number is Not Acceptable)<br>7500 SW 8 st, ste 303<br>City MIAMI FL Zip Code 33144 |    |                                 |      |                   |  |                |                        |  |             |                |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>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.</b><br>SIGNATURE  OSWALDO MARTINEZ-PRESIDENT 03-01-03<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                        |   |    |                                 |      |                   |  |                |                        |  |             |                |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                        | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |    |                                 |      |                   |  |                |                        |  |             |                |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARTINEZ, OSWALDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5505 NW 7 ST APT W 115</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33126</td> <td></td> </tr> </table>   |                        | TITLE   | PD | <input type="checkbox"/> Delete | NAME | MARTINEZ, OSWALDO |  | STREET ADDRESS | 5505 NW 7 ST APT W 115 |  | CITY-ST-ZIP | MIAMI FL 33126 |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
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| NAME   | MARTINEZ, OSWALDO      |   |    |                                 |      |                   |  |                |                        |  |             |                |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 5505 NW 7 ST APT W 115 |   |    |                                 |      |                   |  |                |                        |  |             |                |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | MIAMI FL 33126         |   |    |                                 |      |                   |  |                |                        |  |             |                |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| <b>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.</b> |                        |   |    |                                 |      |                   |  |                |                        |  |             |                |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>SIGNATURE:</b> OSWALDO MARTINEZ 03-01-03 305-2610375<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                        |   |    |                                 |      |                   |  |                |                        |  |             |                |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |

CR2E034 (10/02)