

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90282 016 ***150.00

DOCUMENT # P96000034702

1. Entity Name
MARTINEZ-MARQUEZ, C.P.A., P.A.



Principal Place of Business
6248 SW 139CT
MIAMI FL 33183
US

Mailing Address
6248 SW 139CT
MIAMI FL 33183
US

2. Principal Place of Business

8249 NW 36 ST
Suite, Apt. #, etc.
105

3. Mailing Address

8249 NW 36 ST
Suite, Apt. #, etc.
105

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0659843**

Applied For
Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

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

6. Name and Address of Current Registered Agent

MARTINEZ, JORGE L
6248 SW 139 CT.
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8249 NW 36 ST
#105
City **MIAMI** **FL** **33166**

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 *[Signature]*
Signature, handwritten name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/27/03**

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

TITLE **PSTD** ☐ **Delete**
NAME **MARTINEZ, JORGE L**
STREET ADDRESS **6248 SW 139 CT.**
CITY-ST-ZIP **MIAMI FL 33183**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **8249 NW 36 ST., #105**
CITY-ST-ZIP **MIAMI, FL 33166**

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
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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, duly empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/27/03** **DAYTIME PHONE #** **305-718-4885**

CR2E034 (10/02)