

2000 UNIFORM BUSINESS REPORT (UBR)

P98000071095

DOCUMENT # : P98000071-095
Entity Name

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUN 15 AM 11:08

10328

04-25-00 90150 032 \$300-\$150
DO NOT WRITE IN THIS SPACE

MARTHER CORP.

Principal Place of Business: **MARTHER Corp.**
3418 N.W. 79 Way
Hollywood FL 33024

Mailing Address: **SAME**

Principal Place of Business: **3418 N.W. 79 Way Hollywood**

Suite, Apt. #, etc.

City & State: _____

City & State: _____

Zip: _____ Country: _____

Zip: _____ Country: _____

4. FEI Number: **65-0862905**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

BLANCA N. VALENCIA
3418 N.W. 79 Way
DAVIE FL 33024-2269

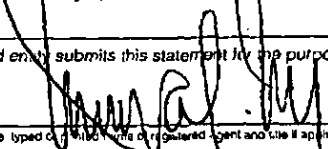
7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ FL Zip Code: _____

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:  DATE: **03/23/00**

(NOTE: Registered Agent signature required when re-registering)

3. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to: Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS

NAME	OSCAR SALCEDO	<input type="checkbox"/> Delete
STREET ADDRESS	3418 N.W. 79 Way	
CITY-ST-ZIP	DAVIE FL 33024-2269	
NAME	SD	<input type="checkbox"/> Delete
STREET ADDRESS	Blanca N Valencia	
CITY-ST-ZIP	3418 N.W. 79 Way	
NAME	DAVIE FL 33024	<input type="checkbox"/> Delete
STREET ADDRESS	3418 N.W. 79 Way	
CITY-ST-ZIP	DAVIE FL 33024-2269	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

OS/22

CR2E034 (9/99)

I hereby certify that the information furnished 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 thereof, as empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment, with an authority, with all other like empowered.

SIGNATURE:  DATE: _____ DAYTIME PHONE # _____