T99000001139

Requestor's Name

Address

City/State/Zip Phone #

200002371872--1
-08/27/99--01038--001
*****87.50 *****87.50

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Phat Fadez (42) (Corporation Name) (Document #)
2. 789/740/6071 (Corporation Name) (Document #)
3. (Fadez) (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

FILED
99 SEP 20 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
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	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

T99-1139

1099-20133

Name Availability	NJC
Document Examiner	NJC
Updater	NJC
Updater Verifyer	NJC
Acknowledgement	NJC
W. P. Verifyer	NJC

CR2E031(1/95)

Examiner's Initials	

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 31, 1999

ALBERT L. MARTINEZ
9708 HAMMOCKS BLVD., #102
MIAMI, FL 33196

SUBJECT: PHAT FADEZ
Ref. Number: W99000020133

We have received your document for PHAT FADEZ and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: FADEZ

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 099A00043323

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

ALBERT L. MARTINEZ
9708 HAMMOCKS BLVD # 102
MIAMI, FLORIDA 33196
(305) 539-0909
Daytime Telephone number

PART I

1. (a) Applicant's name: ALBERT LEE MARTINEZ

(b) Applicant's business address: 13907 sw 66 street
MIAMI, FLORIDA 33183
City/State/Zip

(c) Applicant's telephone number: (305) 387-4047

☒ Individual ☐ Corporation ☐ Joint Venture ☐ Other: _____
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: _____ (2) Domicile State: _____

(3) Federal Employer Identification Number: _____

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)

THE SERVICE MARK IS BEING USED IN CONNECTION WITH A BARBERSHOP

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

NOT APPLICABLE

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

THE MANNER IN WHICH THE MARK IS USED IS ON BUSINESS CARDS, FLYER ADVERTISEMENTS AND NEWSPAPER ADS FOR EMPLOYMENT, WOOD STAND UP SIGNS TO ATTRACT CUSTOMERS AND BANNER.

(Continued)

d) The class(es) in which goods or services fall:

CLASS 42 MISCELLANEOUS

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 5/15/99 (b) Date first used in Florida: 6/1/99

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

PHAT FADEZ

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " FADEZ " APART FROM THE MARK AS SHOWN.

I, ALBERT LEE MARTINEZ, *being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct*

ALBERT LEE MARTINEZ

Typed or printed name of applicant

Albert Lee Martinez

Applicant's signature or authorized person's signature

(List name and title)

FILED
99 SEP 20 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF Florida

COUNTY OF Miami - Dade

On this 25th day of August, 19 99, Albert Lee Martinez personally appeared before me,

☑ who is personally known to me ☐ whose identity I proved on the basis of _____

Hilda Molliner

Notary Public Signature

(Seal)

OFFICIAL NOTARY SEAL
HILDA MOLLINER
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC803188
MY COMMISSION EXP. JAN. 20,2003

Hilda Molliner

Notary's Printed Name

My Commission Expires: 1/20/03

: $87.50 per class

Phat Fadez

BARBER SHOP

AROUND THE
KENDALL GOLF COURSE
13907 SW 66TH STREET
MIAMI, FL 33183

WALK IN
OR BY
APPOINTMENT
(305) 387-0923