2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

462069 **DOCUMENT**

1. Entity Name

SIGNATURE

ERNESTO MARTINEZ & ASSOCIATES, INC.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90097 018 ***150.00

Daytime Phone #

Sulle, Apt. 4; etc. Cry & State Cry & State Cry & State Country Lourity Lourity Lourity Lourity Lourity Lourity Lourity Septimized of Status Desired Septimized Septimized Septimized Septimized Res Registered Agent Name Name Name Name Name Name Siccet Address of New Registered Agent City FL Lourity Lourity Siccet Address (P.D. Box Number is Not Acceptable) Siccet Address (P.D. Box Number is Not Acceptable) City FL Lourity Lourity Lourity Lourity Lourity Siccet Address (P.D. Box Number is Not Acceptable) FLE Now!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Propable to Florida Department of State 10. OFFICIES AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MARTINEZ-GILL, ERNESTO Ded MARTINEZ-GILL, ERNESTO Ded MARTINEZ-GILL, ERNESTO Ded MARTINEZ-GILL, MAGALY 100 S.W. 33RD AVE. MAMM FL Defect MAMM FL D	Principal Plac 100 SW 33 A' MIAMI FL 331 US		Mailing Address 100 SW 33 AVE MIAMI FL 33135-1133 US									
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MARTINEZ-GIL, ERNESTO 100 SW 330 AVE. MIAMI FL 33135-1133 City FL Zip Code 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 FILE NOWITH FEE IS 5150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	6. Name and Address of Current Registered Agent											
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MIAMI FL 3135-1133 City FL Zip Code		·		Street Address			(P.O. Box Number is Not Acceptable)					
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SUBMULE, Niced or printed name of registered agent and late il appointable. INDTE. Registered Agent agentiae required when revietating IDATE											4	
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	: NAME STREE	E Et adoress				Change	Addition		
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