

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90571 025 ***150.00

DOCUMENT # 554604

1. Entity Name

MARTY'S MAINTENANCE & REPAIR, INC.

Principal Place of Business

Mailing Address

**3625 PEMBROKE RD
 BAY C-8
 HOLLYWOOD FL 33021-267
 US**

**3625 PEMBROKE RD
 BAY C-8
 HOLLYWOOD FL 33021-267
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PO Box 2389
 CROSS CITY FL.**

City & State

City & State

32628

US

4. FEI Number

65-0145443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOLOMON, MARTIN D.
 1463 N.E. 177TH ST.
 NORTH MIAMI BEACH FL 33162**

Name

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 office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|----------------------------|----------------|---------------------------------|-------|------|----------------|---|
| | P | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | SOLOMON, MARTIN D. | | | | | | |
| | 1463 N.E. 177TH ST. | | | | | | |
| | N. MIAMI BEACH FL | | | | | | |
| | | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | | | | |
| | | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| | | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin D. Solomon Pres* MARTIN D. SOLOMON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

Date

954-614-5191

Daytime Phone #

CR2E034 (9/01)