

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90026 012 \*\*\*150.00

0126941 AT

DOCUMENT # **554604**

1. Entity Name  
**MARTY'S MAINTENANCE & REPAIR, INC.**



Principal Place of Business  
**3625 PEMBROKE RD  
BAY C-8  
HOLLYWOOD FL 33021-267  
US**

Mailing Address  
**PO BOX 2389  
CROSS CITY FL 32628  
US**

2. Principal Place of Business

**HWY 351A DREAMACRES**  
Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 2389**  
Suite, Apt. #, etc.

City & State

**CROSS CITY FL**

City & State

**CROSS CITY FL**

4. FEI Number

**65-0145443**

Applied For

Not Applicable

Zip

**32628**

Country

**USA**

Zip

**32628**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**SOLOMON, MARTIN D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**HWY 351A DREAMACRES  
(PO BOX 2389)**  
City  
**CROSS CITY** FL Zip Code  
**32628**

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 **MARTIN D. SOLOMON**

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

(NOTE: Registered Agent signature required when reinstating)

**7-15-03**

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SOLOMON, MARTIN D.  
1463 N.E. 177TH ST.  
N. MIAMI BEACH FL** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
SOLOMON, MARTIN D.  
HWY 351A DREAMACRES (PO BOX 2389)  
CROSS CITY FL 32628** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 like empowered.

SIGNATURE: **MARTIN D. SOLOMON PRES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-15-03**  
Date

**352 498 2639**  
Daytime Phone #

CR2E034 (4/03)

July 15, 2003

Attachment # 90143689  
554604

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

**To Whom It May Concern:**

**After speaking with your representative, Tina today at 1-800-245-6059, she suggested that I write this letter.**

**During the past three months we have been moving from South Florida to North Florida. This is the only notice that I have received.**

**I have made the necessary changes, as you will see on the form. Also please find my check for \$150.00.**

**Would you be so kind as to abate the late charges?**

**Also please note that Cross City does not have physical addresses, only PO Boxes. All mail is delivered to the PO Box.**

**Thank you for your consideration in the above matter.  
Sincerely,**

**Martin D. Solomon President**

*Martin D. Solomon Pres.*