


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90008 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 6036951. Corporation Name
MARTINEZ-MANZOR, P.A.

Principal Place of Business

 120 N.W. 12TH STREET
 P.O. BOX 1106
 HOMESTEAD FL 33030

Mailing Address

 120 N.W. 12TH STREET
 P.O. BOX 1106
 HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1972

4. FEI Number

59-1462389

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARTINEZ-MANZOR, MANUEK
120 NW 12 STREET
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
MARTINEZ-MANZOR, MANUEL
19755 S.W. 304TH STREET
HOMESTEAD FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

N/A

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

N/A

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

N/A

TITLE

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STREET ADDRESS

CITY-ST-ZIP

N/A

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

N/A

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/99

Date

305-2455410

Daytime Phone #

CR2E034 (1/98)