

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F10910

1. Entity Name

MARTINEZ DRIVING SCHOOL, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90449 046 \*\*\*158.75

Principal Place of Business

Mailing Address

~~2510 WEST FLAGLER ST.~~

C/O EUSEBIO H. MARTINEZ  
 MIAMI FL 33135

~~2510 WEST FLAGLER ST.~~

C/O EUSEBIO H. MARTINEZ  
 MIAMI FL 33135-8733

2. Principal Place of Business

215 SW 17 Ave.

3. Mailing Address

215 SW 17 Ave.

Suite, Apt. #, etc.

Suite #209

Suite, Apt. #, etc.

Suite #209

City & State

Miami-Fla -

City & State

Miami-Fla -

Zip

33135 Dade

Country

Dade

Zip

33135

Country

Dade

6. Name and Address of Current Registered Agent

MARTINEZ, EUSEBIO H.

~~2510 WEST FLAGLER ST.~~

MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

Eusebio H. Martinez

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

215 SW 17 Ave.

Suite #209

City

Miami-Dade

FL

Zip Code

33135

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

*Eusebio Martinez*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-00

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, 2000 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

TITLE PST ☐ Delete  
 NAME MARTINEZ, EUSEBIO H.  
 STREET ADDRESS 140 S.W. 18TH CT.  
 CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete  
 NAME MARTINEZ, EUSEBIO H.  
 STREET ADDRESS 140 S.W. 18TH CT.  
 CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

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

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:

*Eusebio Martinez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 (305) 642-6641

CR2E034 (9/99)