

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90080 023 ***150.00

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F48001

1. Entity Name

ANTONIO MARTINEZ, JR., P.A.

DO NOT WRITE IN THIS SPACE

80061722

2. Principal Place of Business

201 S. Biscayne Blvd.

3. Mailing Address

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

1600 Miami Center

Suite, Apt. #, etc.

1600 Miami Center

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-2119632

Applied For

Not Applicable

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Company of Miami

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

201 S. Biscayne Blvd.

1600 Miami Center

City

Miami

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Martinez, Antonio, Jr.
201 S. Biscayne Blvd. Ste. 1500
Miami, FL 33131

TITLE
NAME
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CITY-ST-ZIP

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STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-02 305-358-6300

CR2E034B (12/01)