

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90186 004 ***150.00

DOCUMENT # F 48001	
1. Entity Name ANTONIO MARTINEZ, JR., P.A.	

DO NOT WRITE IN THIS SPACE

90089147

2. Principal Place of Business 2015 Biscayne Blvd Suite, Apt. #, etc. 1500 Miami Center City & State Miami, FL Zip 33131 Country USA		3. Mailing Address 2015 Biscayne Blvd Suite, Apt. #, etc. 1500 Miami Center City & State Miami, FL Zip 33131 Country USA	
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	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) 2015 Biscayne Blvd 1500 Miami Center City Miami FL Zip Code 33131		

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	DSTD MARTINEZ ANTONIO JR. 2015 BISCAYNE BLVD MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowers.

SIGNATURE:

Antonio Martinez, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

4-1-03 305-347-7315
Date Daytime Phone #

CR2E034B (12/02)