

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90918 026 \*\*\*150.00

**DOCUMENT # H38259**

1. Entity Name  
**NEGRO ENTERPRISES, INC.**

Principal Place of Business  
 782 N.W. 42ND AVE  
 SUITE 430  
 MIAMI FL 33126  
 US

Mailing Address  
 782 N.W. 42ND AVE  
 SUITE 430  
 MIAMI FL 33126  
 US

2. Principal Place of Business  
 782 NW 42ND AVE  
 Suite, Apt. #, etc.  
 SUITE 433

3. Mailing Address  
 782 NW 42ND AVE  
 Suite, Apt. #, etc.  
 SUITE 433

City & State  
 MIAMI, FLORIDA

City & State  
 MIAMI, FLORIDA

4. FEI Number **59-2485707**

Applied For  
 Not Applicable

Zip **33126** Country **US**

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MARTINEZ, OSVALDO**  
 782 N.W. 42ND AVE  
 SUITE 430  
 MIAMI FL 33126

**7. Name and Address of New Registered Agent**

Name **OSVALDO MARTINEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
 782 NW 42ND AVE, SUITE 433  
 City **MIAMI** **FL** Zip Code **33126**

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 \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	TD MEMBIELA, JOAQUIN R. 782 N.W. 42 AVE. STE 430 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEMBIELA, MARTA M 782 N.W. 42 AVE STE 430 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, OSVALDO 782 N.W. 42 AVE, STE 430 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEMBIELA, JOAQUIN R 782 NW 42ND STE 433 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEMBIELA, MARTA M 782 NW 42ND AVE STE 433 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, OSVALDO 782 NW 42ND AVE STE. 433 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MARTA M. MEMBIELA** *Marta M. Membiela* 4/24/01 (305) 446-4006  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)