

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90239 046 ***550.00

DOCUMENT # J42658

1. Entity Name

MARTORELL CORPORATION

Principal Place of Business

**3110 MORRISON AVE
 11300 CYPRESS DRIVE
 TAMPA FL 33609
 US**

Mailing Address

**11300 CYPRESS DR
 11300 CYPRESS DRIVE
 TEMPLE TERRACE FL 33617
 US**

2. Principal Place of Business

MORRISON APARTMENTS
 Suite, Apt. #, etc.

3. Mailing Address

11300 CYPRESS DR
 Suite, Apt. #, etc.

City & State

TEMPLE TERRACE

City & State

FLA

4. FEI Number

59-2743737

Applied For

Not Applicable

Zip

33617

Country

Zip

33617

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTORELL, RICHARD A.
 11300 CYPRESS DRIVE
 TEMPLE TERRACE FL 33617**

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **MARTORELL, RICHARD A.**
 STREET ADDRESS **11300 CYPRESS DRIVE**
 CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE **SECRETARY** ☐ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MARTORELL, RHONA KNIGHT**
 STREET ADDRESS **11300 CYPRESS DRIVE**
 CITY-ST-ZIP **TEMPLE TERRACE FL**

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

TITLE **D** ☐ Delete
 NAME **MARTORELL, PETER KNIGHT**
 STREET ADDRESS **11300 CYPRESS DRIVE**
 CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE **V. PRESIDENT** ☐ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MARTORELL, RICHARD A. JR**
 STREET ADDRESS **11300 CYPRESS DRIVE**
 CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE **PRESIDENT** ☐ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Richard A. Martorell Sr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/01
 Date

813 988 5651
 Daytime Phone #

CR2E034 (5/01)