

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99517

1. Entity Name

MARTIN ASSOCIATES OF SOUTH FLORIDA, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90018 046 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O ESTRELLA M. MARTIN  
240 SOUTH MILITARY TRAIL  
DEERFIELD BEACH FL 33442

C/O ESTRELLA M. MARTIN  
240 SOUTH MILITARY TRAIL  
DEERFIELD BEACH FL 33442-3029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0012464**

Applied For  
Not Applicable

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

MARTIN, ESTRELLA M.  
240 SOUTH MILITARY TRAIL  
DEERFIELD BEACH FL 33442

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME CPDV  
STREET ADDRESS MARTIN, ESTRELLA M.  
CITY-ST-ZIP ~~2042 PARK PLACE~~  
BOCA RATON FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2100 NW 4 ST.  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ Delete  
NAME S  
STREET ADDRESS RENSON, CAROLANNE  
CITY-ST-ZIP 7913 N.W. 71 AVE.  
TAMARAC FL 33321

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS KLEDZIK, PATRICIA  
CITY-ST-ZIP ~~541 S.E. 2 ST.~~  
DEERFIELD BEACH FL 33441

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9260 SW 14 ST., #2507  
CITY-ST-ZIP BOCA RATON, FL 33428

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 reports 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.

ESTRELLA M. MARTIN, CEO/PRES.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/14/00 954-421-0661

CR25034 (9/99)