

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90011 030 \*\*\*150.00

**DOCUMENT # K97656**

1. Entity Name

**MATEO SAN MARTIN AGENCY, INC.**

Principal Place of Business

3016 NW  
79TH AVE  
MIAMI FL 33122

Mailing Address

P.O. BOX 527950  
MIAMI FL 33152-7950  
US

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

**65-0166896**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARTIN, MATEO SAN**  
~~9803 NW 43 TERRACE~~  
**MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name

~~SAN MARTIN, MATEO~~

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

~~5228 N.W. 103 AVE.~~


City

~~MIAMI, FL.~~

**FL**

Zip Code  
**33178**

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  **03/21/00**

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

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>MARTIN, MATEO SAN</b>                 |
| STREET ADDRESS | <b>3016 N. W. 79TH AVENUE</b>            |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                          |
| TITLE          | <b>V</b> <input type="checkbox"/> Delete |
| NAME           | <b>JARAMILLO, GLORIA PATRICI</b>         |
| STREET ADDRESS | <b>5228 NW 103 AVE</b>                   |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                          |
| TITLE          | <b>M</b> <input type="checkbox"/> Delete |
| NAME           | <b>OCHOA, SILVIA E</b>                   |
| STREET ADDRESS | <b>14927 SW 104 ST APT 4-203</b>         |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                          |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>SAN MARTIN, MATEO</b>  |
| STREET ADDRESS | <b>5228 N.W. 103 AVE.</b>   |
| CITY-ST-ZIP    | <b>MIAMI, FL. 33178</b>   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 power like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/21/00**

**(305) 593-6109**

Date

Daytime Phone #

CR2E034 (9/99)