

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0038804

DOCUMENT # N95000001978

1. Entity Name

DR. NESTOR MARTINEZ FOUNDATION, INC.

05-16-2001 90190 043 ****61.25

Principal Place of Business

Mailing Address

37 BAY HEIGHTS DRIVE
 MIAMI FL 33133

37 BAY HEIGHTS DRIVE
 MIAMI FL 33133

000100

2. Principal Place of Business

3. Mailing Address

52 Montilla Ave

52 Montilla Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables FL

City & State

Coral Gables FL

4. FEI Number

65-0583041

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

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

MARTINEZ, LUZ
 37 BAY HEIGHTS DRIVE
 MIAMI FL 33133

Name

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

52 Montilla Ave

City

Coral Gables

FL

Zip Code

33134

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MARTINEZ, LUZ
 CITY-ST-ZIP 37 BAY HEIGHTS DRIVE 52 Montilla Ave
 MIAMI FL 33133 Coral Gables FL 33134

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MARTINEZ, NESTOR J
 CITY-ST-ZIP 410 NORTH WEST 199TH AVENUE
 PEMBROKE PINES FL 33029

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MARTINEZ, JOSE M
 CITY-ST-ZIP 8800 S3W 60M AVE
 MIAMI FL 33156

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MARTINEZ, ANA
 CITY-ST-ZIP 37 BAY HEIGHTS DRIVE 52 Montilla Ave
 MIAMI FL 33133 Coral Gables FL 33134

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01

CR2E037 (10/00)