

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90041 030 ****61.25

DOCUMENT # N95000001978

1. Entity Name

DR. NESTOR MARTINEZ FOUNDATION, INC.

Principal Place of Business

Mailing Address

**52 MONTILLA AVE
 CORAL GABLES FL 33134**

**52 MONTILLA AVE
 CORAL GABLES FL 33134**

2. Principal Place of Business

1581 BRICKELL AVENUE

3. Mailing Address

1581 BRICKELL AVENUE

Suite, Apt. #, etc.

APT. 1906

Suite, Apt. #, etc.

APT. 1906

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33129

Country

USA

Zip

33129

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0583041

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, LUZ
 52 MONTILLA AVE
 CORAL GABLE FL 33134**

7. Name and Address of New Registered Agent

Name **ANA MARTINEZ**
 Street Address (P.O. Box Number is Not Acceptable)
**1925 BRICKELL AVE
 SUITE D-206**
 City **MIAMI** FL Zip Code **33129**

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

Ana Martinez

ANA MARTINEZ

3/29/02

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

TITLE **D** ☒ Delete
 NAME **MARTINEZ, LUZ**
 STREET ADDRESS **52 MONTILLA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

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

TITLE **D** ☐ Delete
 NAME **MARTINEZ, ANA**
 STREET ADDRESS **52 MONYILLA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
 NAME **MARTINEZ, LUZ**
 STREET ADDRESS **1581 BRICKELL AVE, APT. 1906**
 CITY-ST-ZIP **MIAMI, FL 33129**

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

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

TITLE **D** ☒ Change ☐ Addition
 NAME **MARTINEZ, ANA**
 STREET ADDRESS **52 MONTILLA AY.**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02 (305) 854-6363

Date

Daytime Phone #

CR2E037 (9/01)