

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001978

1. Entity Name
DR. NESTOR MARTINEZ FOUNDATION, INC.



Principal Place of Business

**1581 BRICKELL AVENUE
APT. 1906
MIAMI, FL 33129**

Mailing Address

**1581 BRICKELL AVENUE
APT. 1906
MIAMI, FL 33129**



01082004 No Chg-NP CR2E037 (10/03)

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
1581 BRICKELL AVENUE
SUITE D-206
MIAMI, FL 33129**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000054554
02/17/04-80001-007 61.25**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **D**
NAME **MARTINEZ, ANA**
STREET ADDRESS **52 MONTILLA AV.**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

LUZ MARTINEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04
Date

Daytime Phone #