

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90077 043 ****61.25

DOCUMENT # N97000006431

1. Entity Name

DENNIS MARTINEZ FOUNDATION, INC.

Principal Place of Business

Mailing Address

**C/O CASTILLO & ASSOCIATES
1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131**

**C/O CASTILLO & ASSOCIATES
1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131**

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

65-0871923

☒ 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

**CASTILLO B., ALVARO ESQ
C/O CASTILLO & ASSOCIATES
1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

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	DP	<input type="checkbox"/> Delete
NAME	MARTINEZ, DENNIS	
STREET ADDRESS	6915 RED ROAD, SUITE 222	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MARTINEZ, LUZ	
STREET ADDRESS	6915 RED ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ARGUELLO, ROBERTO	
STREET ADDRESS	1390 BRICKELL AVENUE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CASTILLO, ALVARO	
STREET ADDRESS	1390 BRICKELL AVENUE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	SHAPIRO, RON	
STREET ADDRESS	1390 BRICKELL AVENUE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, FRANCISCO REV.	
STREET ADDRESS	1390 BRICKELL AVENUE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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 notary, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02 (305) 669-1699
Date Daytime Phone #

CR2E037 (9/01)