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FILED
Jun 25, 2001 8:00 am
Secretary of State

04-25-2001 90169 036 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009393

1. Entity Name

MARIBEL MARTINEZ, P.A.

Principal Place of Business	Mailing Address
~~2100 W. SLIGH AVENUE TAMPA FL 33603~~	~~2100 W. SLIGH AVENUE TAMPA FL 33603~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6715 N Himes AVE	3. Mailing Address: Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33614 Country: USA	Zip Country

4. FEI Number: 593622265 ☐ Applied For ☐ Not Applicable

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
PIMENTEL, MILQUEY A 6804 CHIPPENDALE COURT TAMPA FL 33634	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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3/11/01

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARIBEL MARTINEZ PRESIDENT 6715 N. HIMES AVE TAMPA, FLORIDA 33614 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 all other like empowered

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/11/01 Date 813-871-1528 Daytime Phone #