

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009435

1. Entity Name

PABLO G. MARTINEZ, ATTORNEY AT LAW, P.A.

Principal Place of Business

7819 N. DALE MABRY HWY., SUITE 112
TAMPA FL 33614

Mailing Address

7819 N. DALE MABRY HWY., SUITE 112
TAMPA FL 33614

2. Principal Place of Business

Suite, Apt. #, etc.

SAME

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-363602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, MANUELA
5619 LARIMER DRIVE
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name

Manuela Martinez

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

6804 Chippendale Ct

City

Tampa

FL

Zip Code

33634

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

Manuela Martinez

(NOTE: Registered Agent signature required when reinstating)

9/10/01

DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME PRESIDENT
STREET ADDRESS PABLO G. Martinez
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PRESIDENT/CEO
STREET ADDRESS PABLO G. Martinez
CITY-ST-ZIP 7819 N. Dale Mabry Hwy, #208
TAMPA, FL 33614

☐ Change

☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01

Date

(813) 931-7600

Daytime Phone #

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90032 001 ***250.00
09-18-2001 90032 002 ***500.00

78486



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)