

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026378

1. Entity Name

MARTELL REALTY SERVICES, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90145 025 ***150.00

Principal Place of Business

2301 COLLINS AVENUE
APT 1624A
MIAMI BEACH FL 33139

Mailing Address

2301 COLLINS AVENUE
APT 1624A
MIAMI BEACH FL 33139

2. Principal Place of Business

1356 SW 8th Street

3. Mailing Address

P.O. Box 398504

Suite, Apt. #, etc.

Suite # 204

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami Beach, FL

Zip

33135

Country

USA

Zip

33239-8504

Country

USA

4. FEI Number

65-0990636

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTELL, PEDRO
2301 COLLINS AVENUE
APT 1624A
MIAMI BEACH FL 33139

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTELL, PEDRO L
STREET ADDRESS 2301 COLLINS AVENUE #1624A
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ 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:

Pedro L Martell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/01 (786) 348-1089

Date Daytime Phone #

CR2004 (10/00)