

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070732

1. Entity Name

MARTO GAS CO., INC. *2001*

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90771 050 ***150.00

Principal Place of Business

6391 VIA VENETIA WAY
DELRAY BEACH FL 33484

Mailing Address

6391 VIA VENETIA WAY
DELRAY BEACH FL 33484

490 - N. STATE RD 7

C0019851



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

490 N. STATE RD. 7

3. Mailing Address

6391 VIA VENETIA NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MARGATE, FL

DELRAY BEACH FL

4. FEI Number

65-1025955

Applied For

☒ Not Applicable

33063

BROWARD

33484

DELRAY BEACH

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

GRANER, THOMAS U
301 YAMATO ROAD SUITE 4199
BOCA RATON FL 33431

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) ☒

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	D	<input checked="" type="checkbox"/> Delete
NAME	MARTORANO, SALVATORE	
STREET ADDRESS	6391 VIA VENETIA WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTORANO, SALVATORE J.	
STREET ADDRESS	6391 VIA VENETIA NORTH	
CITY-ST-ZIP	DELRAY BEACH, Florida 33484	
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		
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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		

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: *Salvatore J. Martorano* **SALVATORE J. MARTORANO** *01/09/01* **01/09/01** *561-638-3239*
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)