

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90425 039 ***150.00

DOCUMENT # P00000087699

1. Entity Name
MONICA MARTIN ENTERPRISES CO

Principal Place of Business

**206 S.E. 10TH STREET
 STE. 2
 HALLANDALE FL 33009**

Mailing Address

**206 S.E. 10TH STREET
 STE. 2
 HALLANDALE FL 33009**



2. Principal Place of Business

1202 N. 25TH AVE

Suite, Apt. #, etc.

3. Mailing Address

1202 N. 25TH AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

4. FEI Number

65-1046274

Applied For

Not Applicable

Zip

33020

Country

BROWARD.

Zip

33020

Country

BROWARD.

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, MONICA A
 206 S.E. 10TH STREET
 STE. 2
 HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name MARTIN, MONICA A.

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

1202 N. 25TH AVE.

City HOLLYWOOD

FL

Zip Code

33020

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

04/09/02

**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, 2002 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 P ☐ Delete
NAME MARTIN, MONICA A
STREET ADDRESS 206 S.E. 10TH STREET, STE. 2
CITY-ST-ZIP HALLANDALE FL 33009

TITLE P ☒ Change ☐ Addition
NAME MARTIN, MONICA A.
STREET ADDRESS 1202 N. 25TH AVE.
CITY-ST-ZIP HOLLYWOOD, FL 33020.

TITLE VP ☒ Delete
NAME OROSCO, ALBERTO E
STREET ADDRESS 206 S.E. 10TH STREET, STE. 2
CITY-ST-ZIP HALLANDALE FL 33009

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/02

Date

Daytime Phone #

CR2E034 (9/01)