

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAR -8 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

627978



03/01/01 90016-023- \$150.00

4. FEI Number **65-1048411** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MARTINEAU, RAYMOND F  
3155 NE 163RD STREET  
NORTH MIAMI BEACH FL 33160

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-installing) 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	MARTINEAU, RAYMOND F	3155 NE 163RD STREET	NORTH MIAMI BEACH FL 33160	<input type="checkbox"/>
D	BOCKIAN, JOSHUA A DR.	3155 NE 163RD STREET	NORTH MIAMI BEACH FL 33160	<input type="checkbox"/>
V	GO, JACK	3155 NE 163RD STREET	NORTH MIAMI BEACH FL 33160	<input checked="" type="checkbox"/> Delete
S	ANTE, AURORA R	3155 NE 163RD STREET	NORTH MIAMI BEACH FL 33160	<input type="checkbox"/>
T	GO, CATHERINE	3155 NE 163RD STREET	NORTH MIAMI BEACH FL 33160	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

3/20/01  
Date

(904) 922-7718  
Daytime Phone #

CR2E034 (10/00)

FEI as per Jorge Martin 3/9/01.