2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 02, 2002 8:00 am Secretary of State 05-14-2002 90283 029 ***150.00

DOCUMENT #	P01000035288
1. Entity Name	
MARTINEZ ENTERPRISES	S USA INC.

MARTINE	EZ ENTERPRISES USA INC	•		J				
Principal Place of Business 8320 N.W. 7TH STREET #97 MIAMI FL 33126		Mailing Address 8320 N.W. 7TH STREET #97 MIAMI FL 33126	:		- 37179			
2. Principal F	Place of Business	3. Mailing Address		,		HIS BELLE WHAT WAS	1 £0787 (011 600)	
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	City & State City & State		· · · · · · · · · · · · · · · · · · ·	4.	4. FEI Number 66-1099 8 29 Applied For Not Applicable			
Zip	Country	Zip	Country	1		□ \$8.75 Ad	ditional	1
	6. Name and Address of Current	Panistered Agent		7	Name and Address of New Regis			
	o. Hame and Address of Current	Legisteran Wäcut	Name		HOLLE WIN WANTERS OF HEAR LIGHT	stered whent		1
	7-5041-01000			·				
	Z, FRANCISCO		Street	Address (P.O. I	Box Number is Not Acceptable)	-		١
	1. 7TH STREET							}
# 97						•		ļ
MIAMI FL	33126		City			FL Zip Cox	de	1
8. The above	e named entity submits this statement for	or the purpose of changing its	registered office	or registered ac	gent, or both, in the State of Florida).		
							, š	
SIGNATURE	Signature, typed or printed name of registered agent	and tale if applicable. (NOT	E: Registered Agent sign	nature required when r	einstating)	DATE		
Tax filing	oration is eligible to satisfy its intangible requirement and elects to do so. ria on back)	FILE NOW! After May 1, 20 Make Check Payat		\$550.00	10. Election Campaign Financ Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AC	DDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	IS IN 11	l
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	5
NAME	MARTINEZ, FRANCISCO	a - Maraon -	NAME	`				CR2E034 (9/01)
STREET ADDRESS	8320 N.W. 7TH STREET #97		STREET ADDRESS	s .				8
CITY-ST-ZIP	MIAMI FL 33128		CITY-ST-ZIP	1				띬
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NAME		☐ Delete	TITLE NAME STREET ADDRESS	,		Change Change	Addition	
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13. Thereby 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 oreprotation 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.