

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR -8 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038384

1. Entity Name



MARTIN CORTEZ + Associates, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

401 W MAIN Street

Suite, Apt. #, etc.

3. Mailing Address

217 W Palmetto St

Suite, Apt. #, etc.

REINSTATEMENT 02-03

DO NOT WRITE IN THIS SPACE

City & State

Bowling Green, FL

City & State

Wauchula, FL

4. FEI Number

65-1096369

Applied For

Not Applicable

Zip

33834

Country

7

Zip

33873

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Rita Masterson

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

217 W Palmetto St

City

Wauchula

FL

Zip Code

33873

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Rita Masterson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-25-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DIRECTOR  
Martin Cortez  
1801 Hampton Rd  
Wauchula FL 33873

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DIRECTOR / President  
Tomasita Cortez  
403 W. MAIN St  
Bowling Green, FL 33834

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DIRECTOR / Vic President  
Israel Cortez  
403 W MAIN ST  
Bowling Green, FL 33834

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tomasita Cortez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03 863-375-9936

Date

Daytime Phone #

CR2E034B (12/02)

21 4/5