

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90442 007 ***150.00

DOCUMENT # P01000045942

1. Entity Name
MARTIN57 CORPORATION



Principal Place of Business
1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131

Mailing Address
1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

9920 NW 21 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Florida

4. FEI Number 65-1110774

Applied For

Not Applicable

Zip

Country

Zip

Country

33172

U.S.A.

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

CASTILLO B., ALVARO ESQ
CASTILLO & ASSOCIATES
1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MARTIN, MIGUEL
1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131

☐ Delete

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 9-2003 - 3054710407

Date

Daytime Phone #

CR2E034 (10/02)