

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90011 042 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000047705
1. Entity Name
MARTCAB & EPCON, INC.

Principal Place of Business **Mailing Address**
8851 NW 119TH STREET, #4109-D **8851 NW 119TH STREET, #4109-D**
HIALEAH GARDENS FL 33018 **HIALEAH GARDENS FL 33018**

2. Principal Place of Business **3. Mailing Address**
1222 SE 47 ST **1222 SE 47 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 205 M-BOX A4 **SUITE 205 M-BOX A4**
CAPE CORAL, FLORIDA **CAPE CORAL, FLORIDA**
 City & State City & State
33904 **33904**
 Zip Zip
LEE **LEE**
 Country Country

4. FEI Number **04-3620465** Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional**
 Fee Required

6. Name and Address of Current Registered Agent
PEDRAZA, ENRIQUE
8851 NW 119TH STREET, #4109-D
HIALEAH GARDENS FL 33018

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 reinstating) **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable.

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 **\$5.00 May Be**
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEDRAZA, ENRIQUE	
STREET ADDRESS	8851 NW 119TH STREET, #4109-D	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRAZA, ENRIQUE	
STREET ADDRESS	1222 SE 47 ST, SUITE 205 MBOX A4	
CITY-ST-ZIP	CAPE CORAL, FLORIDA 33904	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSKUS, MARIA	
STREET ADDRESS	1222 SE 47 ST, SUITE 205 M-BOX A4	
CITY-ST-ZIP	CAPE CORAL, FLORIDA 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED** **April 30/02** **(786) 277 4616**
 Signature and typed or printed name of signing officer or director Day Daytime Phone #

CR2E034 (9/01)