

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 8851 NW 119TH STREET, #4109-D HIALEAH GARDENS FL 33018	Mailing Address 8851 NW 119TH STREET, #4109-D HIALEAH GARDENS FL 33018
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2. Principal Place of Business 1222 SE 47 ST Suite, Apt. #, etc. Suite 205 M-Box A4 City & State CAPE CORAL, FLORIDA Zip 33904 Country LEE	3. Mailing Address 1222 SE 47 ST Suite, Apt. #, etc. Suite 205 M-Box A4 City & State CAPE CORAL, FLORIDA Zip 33904 Country LEE
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4. FEI Number 04-3620465	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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** _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: _____ **APR 30/02** **(786) 277 4616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Daytime Phone #**

CR2E034 (9/01)