

## 2002 UNIFORM BUSINESS REPORT (UBR)

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 24 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000050893

1. Entity Name

MARTIN MEDICAL EQUIPMENT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4343 W. Flagler St.

Suite, Apt. #, etc.

302

City &amp; State

Miami, Fl.

Zip

33134

Country

USA

3. Mailing Address

4343 W. Flagler St.

Suite, Apt. #, etc.

302

City &amp; State

Miami, Fl.

Zip

33134

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1119006

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Mario Martin

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

4343 W. Flagler St. # 302

City

Miami

FL

Zip Code

33134

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

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	PD
NAME	MARIO MARTIN
STREET ADDRESS	4343 W. Flagler St. # 302
CITY-ST-ZIP	Miami, Fl. 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO MARTIN - President

1-15-03

305-476-8423

Date

Daytime Phone #

CN2002048 11/02

25 1/27

Attachment #  
P01000050893

**MARTIN MEDICAL EQUIPMENT, INC.**

4343 WEST FLAGLER STREET \* SUITE 302 \* MIAMI, FLORIDA 33134  
TELEPHONE: (305) 476-8423

January 15, 2003

Florida Department of State  
Division of Corporations  
Reinstatement Division  
PO Box 6327  
Tallahassee, Florida 32314

Re: Document # P01000050893  
EIN#65-1119006

Dear Sir or Madam:

Please be advised that our office was not aware that an annual report needed to be file each and every year. Therefore, since we never received the annual report for the year 2002 we were not aware of the reporting period. Apparently, since few weeks after our corporation was originally opened we had a change of address, the mail was not forwarded to us to the new location.

Therefore, we have now being duly instructed by our new accountant that this form needs to be file each and every year. We will look forwards to receiving it now.. Never-the-less, following your department instructions, we are hereby submitting two forms; one for the year 2002 and one for the year 2003, each with its corresponding renewal fee of \$150.00.

We also hereby request that if any penalties and or interest are assessed to our account be forgiven at this time, due to our lack of knowledge and not receiving the proper renewal forms.

Your assistance and cooperation with this matter is very much appreciated.

Sincerely yours,



Mario Martin  
President

MM:al  
Enclosures (2)