

2003 UNIFORM BUSINESS REPORT (UBR)

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050893

1. Entity Name

MARTIN MEDICAL EQUIPMENT, INC.



FILED

03 JAN 27 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4343 W. Flagler St.

Suite, Apt. #, etc.

302

City & State

Miami, Fl.

3. Mailing Address

4343 W. Flagler St.

Suite, Apt. #, etc.

302

City & State

Miami, Fl.

4. FEI Number

65-1119006

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

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 registering)

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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STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO MARTIN - President 1-15-03 305-476-8423

Date

Daytime Phone #

CR210043 (12/02)

Attachment

01/03/03

Price's Accounting Firm Inc.

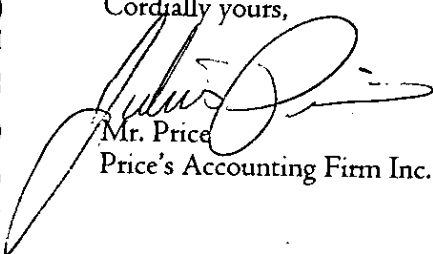
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that DA LINK ENTERTAINMENT INC., has relocated. The named Corporation did not receive a Annual Corporate Report. The officers of the Corporation was under the guidance of their previous accountant, who failed to properly inform them that this report should have been filed. Due to these circumstances we are asking that you abate the reinstatement fees. If there are any questions you can contact me at (407) 383-5971.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,


Mr. Price
Price's Accounting Firm Inc.