

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90153 021 \*\*\*150.00

**DOCUMENT #** PQ1000078488  
1. Entity Name **Francesco Martone, P.A.**

**DO NOT WRITE IN THIS SPACE**

054579

2. Principal Place of Business  
**10530 SW 144 Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**10530 SW 144 Avenue**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33186** Country  
**USA**

Zip  
**33186** Country  
**USA**

4. FEI Number  
**01-0572812**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Nicole J. Huesmann**

Street Address (P.O. Box Number is Not Acceptable)  
**3001 SW 3rd Avenue**

City  
**Miami** FL Zip Code  
**33129**

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 \_\_\_\_\_  
Sign: i.e., typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when retaking) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
May 1 - August 31 Fee is \$50.00  
Amended UBR is \$2125  
Make Check Payable to Department of State

10. Greater Campaign Financing Trust Fund Contributor.  **\$5.00 may be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Francesco R. Martone, Jr. 10530 SW 144 Avenue Miami, Florida 33186</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 C7(3)(B), 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 on an attachment with an address with all other like empowerer.

SIGNATURE: Francesco R. Martone, Jr. **Francesco R. Martone, JR.** 4/25/02 305-408-9200  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E0348 (12/01)