

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

DOCUMENT # **P01000115208**

1. Entity Name

**Martin's Enterprises of
Miami, Inc.**



04 JUL 30 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8870 Fontainebleu Blvd

Suite, Apt. #, etc.

110

City & State

Miami, Florida

Zip

33172

Country

Dade

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

4. FEI Number

20-1420271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Johanna M. Vasquez

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

8870 Fontainebleu Blvd. Suite 110

City

Miami

FL

Zip Code

33172

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

Johanna M. Vasquez

Signature of individual or authorized agent of registered agent and not of applicant

(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
NAME
STREET ADDRESS
CITY-STATE-ZIP
**President
Johanna M. Vasquez
8870 Fontainebleu Blvd. #110
Miami, FL 33172**

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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**700040252467
03/17/04--01060--017 ***300.00**

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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)(a), 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 507, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Johanna M. Vasquez

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Expiring Date

CR2034B (12/02)

2082

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003, & 2004 or any other notice from the Division of Corporations in respect with the Corporation **MARTIN'S ENTERPRISES OF MIAMI, INC.**

Thank you for your courtesy in this matter.


JOHANNA M VAZQUEZ
PRESIDENT