

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

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90189 020 \*\*\*150.00

DOCUMENT # **P01000117527**

1. Entity Name

**Fotomel Inc.** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**11245 NW 71<sup>th</sup> Ct**

3. Mailing Address

**11245 NW 71<sup>th</sup> Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PARKLAND FL**

City & State

**PARKLAND FL**

4. FEI Number

**63-1158985**

Applied For

Not Applicable

Zip

**33076**

Country

**USA**

Zip

**33076**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**MARTIN PAUL S**

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

**2134 Hollywood Blvd.**

City

**Hollywood FL-33020 FL**

Zip Code

**33020**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PRESIDENT  
MEDARDO MARTINEZ  
11245 NW 71<sup>th</sup> Ct  
PARKLAND FL 33076**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MEDARDO MARTINEZ 7/24/02 305312317**

CR2E034B (12/01)

Attachment 971031  
Fotomel Inc. #PO1000117527  
11245 NW. 71<sup>th</sup> Ct.  
Parkland FL 33076

July 20/02

Department of State  
Division of Corporation

Gentlemen:

We have never received the UBR Form  
it seems to us that it was lost in the mail  
or never mailed since it was a new  
Corporation. Therefore we consider fair to  
pay only \$150.00

We would appreciate your consideration

Yours Truly

Medardo Martinez Pr.