


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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90186 007 \*\*\*150.00

DOCUMENT # <b>P02000029265</b>	
1. Entity Name <b>ALFONSO MARTINEZ GROUP, PA</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3300 NE 192 Street</b>		3. Mailing Address <b>3300 NE 192 Street</b>	
Suite, Apt. #, etc. <b>Suite 1801</b>		Suite, Apt. #, etc. <b>Suite 1801</b>	
City & State <b>Aventura, Florida</b>		City & State <b>Aventura, Florida</b>	
Zip <b>33180</b>	Country <b>USA</b>	Zip <b>33180</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

4. FEI Number <b>01-0634705</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**7. Name and Address of Current Registered Agent**

Name <b>ALFONSO MARTINEZ</b>
Street Address (P.O. Box Number is Not Acceptable) <b>3300 NE 192 Street</b>
<b>Suite 1801</b>
City <b>Aventura</b> FL Zip Code <b>33180</b>

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 **Alfonso Martinez**

**03/05/2003**

(NOTE: Registered Agent signature required when re-stating)

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-ST-ZIP	<b>PSD</b> <b>Alfonso Martinez</b> <b>3300 NE 192 Street, Suite 1801</b> <b>Aventura, FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>UTD</b> <b>Monica Martinez</b> <b>3300 NE 192 Street, Suite 1801</b> <b>Aventura, FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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: **Alfonso Martinez**

**03/05/2003**

Date

Declarant's Phone #

CR2E034B (12/02)