


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000036920		
1. Entity Name JORGE MARTINEZ-ESTEVE, P.A.		
Principal Place of Business 8035 SW 197TH AVENUE #203 MIAMI, FL 33173		Mailing Address 8035 SW 197TH AVENUE #203 MIAMI, FL 33173
2. Principal Place of Business 901 Ponce de Leon Blvd #203 Coral Gables, FL 33134		3. Mailing Address 8035 SW 107th Ave #203 Miami, FL 33173
4. FEI Number 330998955		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MARTINEZ-ESTEVE, JORGE 8035 SW 197TH AVENUE #203 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name: Martinez-Estevé, Jorge Street Address (P.O. Box Number is Not Acceptable): 8035 SW 107th Ave #203 City: Miami FL Zip Code: 33173
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: <i>Jorge Martinez-Estevé</i> DATE: 3/1/03 <small>(NOTE: Registered Agent's signature required when substantial change.)</small>		
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$250.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ-ESTEVE, JORGE 8035 SW 197TH AVENUE #203 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		D Martinez-Estevé Jorge 8035 SW 107th Ave #203 Miami, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Jorge Martinez-Estevé</i>		DATE: 3/1/03 305-322-1862

CR20034 (10/02)