2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000037752 DOCUMENT



FILED Mar 03, 2003 8:00 am Secretary of State

1. Entity Name MARTHA CHOMIAK INTERNATIONAL INC.								01-24-2003 90123 009 ***150.00				
Principal Pla 11208 NW 5 MIAMI FL 33		s .	11208	Mailing Address 11200 NW 56 STREET MIAMI FL 33178				Luchister hil bahke want bank erik	ELF 6 1 11 1 1 1 1 1 1	11145 1 68 16 1 68	al e lito r tran caen	
2. Principal	Place of Busin	ness	3. Maili	3. Malling Address								
Suite, Ap	ot. #, etc.	·	Suite	Suite, Apt. #. etc.			-	☐ CHECK HERE	IF MAKING	3 CHANGE	:S	
City & State			City	City & State			4. FEI Number 03-0423317		t	Applied For	-	
Zip		Country	Zip	-	Coun	try	5. C	Certificate of Status Desired		\$8.75 A		7
6. Name and Address of Current Registered Agent							7. N	ame and Address of New P	egistered	Agent		77
ALIAN HALL						Name						
CHOMIAK, MARTHA 11208 NW 56 STREET						Street Address ((P.O. Bo	ox Number is Not Acceptable)			7
MIAM8 FL 33178												1
						City	<u>-</u>		FL	Zip Co	ode	1
8. The above the obliga	e named entity ations of regist	y submits this stateme ered agent.	nt for the purpo	se of changing its	registere	ed office or register	red age	nt, or both, in the State of Flo	rida. I am i	lamiliar with	ı, and accept	1
SIGNATURE		or printed name of registered a	egent and title if applic	cable, (NOTI	E: Registered	d Agent signature required	d when rein	stating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fin Trust Fund Contribution		\$5. Adde	00 May Be	1
10,		OFFICERS A	ND DIRECTOR	<u> </u>	11.			OTIONS/CHANGES TO OFFI	CEDS AND	DIRECTO	OC IN) 14	1
TITLE	PD		- 15 - 11 20 01	☐ Deleta	TITLE		ADL	THORS/CHANGES TO OFF	CERS AND	☐ Change		10
NAME	CHOMIAK,	MARTHA		_ 00,00	NAME			,		Cumile.	☐ VOUTION	8
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CITY-ST-ZIP					CITY-S	IT-ZIP					ł	
12 I hereby o	ertify that the i	information supplied v	with this tiling do	on not avalibe for t		ention stated in Co	N	0.03(0)(1) 51 14 01 14				

Indicated on this report or 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 Block 11 if chapter 607/Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE REQUIRED

Date

Deytana Phone #