

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90290 041 ***150.00

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DOCUMENT # P02000103663

1. Entity Name
MARTIN DAVIS INC.



Principal Place of Business
3899 NW 7 ST STE 202B
MIAMI FL 33126

Mailing Address
3899 NW 7 ST STE 202B
MIAMI FL 33126

2. Principal Place of Business
661 NE 195 ST

3. Mailing Address
661 NE 195 ST

Suite, Apt. #, etc.
APT 406

Suite, Apt. #, etc.
APT 406

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33179

Country

Zip
33179

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, MARTIN
3899 NW 7 ST STE 202B
MIAMI FL 33126

Name
MARTIN DAVIS

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

661 NE 195 ST
APT 406

City
MIAMI

FL

Zip Code
33179

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 Martin Davis

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/23/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
DAVIS, MARTIN
3899 NW 7 ST STE 202B
MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MARTIN DAVIS
661 NE 195 ST APT 406
MIAMI FL 33179 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martin Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/23/03 DAYTIME PHONE # 786-325-7777

CR2E034 (10/02)