

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-10-2003 90774 039 ***150.00

DOCUMENT # P02000114707

1. Entity Name
MARTIN EXPRESS, INC.



Principal Place of Business
**3641 SW 129 AVE
MIAMI FL 33175**

Mailing Address
**3641 SW 129 AVE
MIAMI FL 33175**

2. Principal Place of Business

3956 SW 143 CT

3. Mailing Address

3956 SW 143 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
51-043 2801

Applied For
Not Applicable

Zip
33175

Country
US

Zip
33175

Country
US

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

**MARTIN, PEDRO M
3641 SW 129 AVE
MIAMI FL 33175**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**PD
MARTIN, PEDRO M
3641 SW 129 AVE
MIAMI FL 33175**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3956 SW 143 CT
MIAMI FL 33175**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MARTIN, PAULA O
3641 SW 129 AVE
MIAMI FL 33175**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3956 SW 143 CT
MIAMI FL 33175**

☐ Change ☐ Addition

TITLE
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☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03

(305) 9708393

Date

Daytime Phone #

CR2E034 (10/02)