

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007435

Entity Name
ALFREDO MARTINEZ GALLERY INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90116 047 ***150.00

Principal Place of Business
PONCE DE LEON BLVD.
GABLES FL 33134

Mailing Address
8440 S.W. 2ND STREET
MIAMI FL 33144-2006
US

Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0269853** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTINEZ, GLORIA
8440 S.W. 2ND STREET
MIAMI FL 33144

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/10/00

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD MARTINEZ, ALFREDO 8440 SW 2ND ST. MIAMI FL 33144	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VSD MARTINEZ, GLORIA 8440 SW 2ND ST. MIAMI FL 33144	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplied 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alfredo Martinez* DATE: 4/10/00 DAYTIME PHONE #

CR2E034 (9/99)