

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90262 023 ***150.00

DOCUMENT # P94000013301

1. Entity Name
OSWALDO MARTINEZ, DDS, P.A.

Principal Place of Business
2645 SW 37 AVE
SUITE 404
MIAMI FL 33133
US

Mailing Address
P O BOX 145280
CORAL GABLES FL 33114
US

2. Principal Place of Business
5505 NW 7 ST

3. Mailing Address

Suite, Apt. #, etc.
APT W115

City & State
MIAMI, FL

Zip
33126 Country
USA

4. FEI Number
65-0468078

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

DR. OSWALDO MARTINEZ
2451 BRICKELL AVE. APT. PH-R
MIAMI FL 33129

Name
OSWALDO MARTINEZ, DDS

Street Address (P.O. Box Number is Not Acceptable)
5505 NW 7 ST APT W115

City
MIAMI **FL** Zip Code
33126

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.

SIGNATURE *[Signature]* **OSWALDO MARTINEZ - PRESIDENT** **01-09-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

FILE NOW!!! FEE IS \$150.00
~~After May 1, 2002 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MARTINEZ, OSWALDO	2451 BRICKELL AVE., APT. PH-R	MIAMI FL 33129	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	MARTINEZ, OSWALDO	5505 NW 7 ST, APT. W115	MIAMI, FL 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]* **OSWALDO MARTINEZ, DDS** **01-09-02** **305-2610303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE