2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90079 001 ***750.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000038823

1. Entity Name
MARTIN AVIATION GROUP, INC.

Principal Place of Business

Mailing Address
1200 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

2. Principal Place of Business		3. Mailing Address	
1200 Brickell Ave			
Suite, Apt. #, etc. Suite 900		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33131	Country U.S.A	Zip	Country

4. FEI Numbe 65-0492796 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Martinez, J R
7200 N.W. 19 Street
Suite 308
Miami, Fl. 33126

7. Name and Address of New Registered Agent
Name AGI Registered Agents, Inc
Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Ave. Suite 900
City Miami FL Zip Code 33131

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, 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

TITLE	DP	☐ Delete
NAME	Martinez, Joaquin R.	
STREET ADDRESS	7200 N.W. 19 Street, suite 308	
CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	S	☐ Delete
NAME	Nates, Carlos	
STREET ADDRESS	7200 N.W 19 Street, suite 308	
CITY-ST-ZIP	Miami, Fl. 33126	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 all other like empowered.

SIGNATURE: ____________ 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR