

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90077 034 ***150.00

DOCUMENT # P94000042733

1. Entity Name
STAMPA, INC.



Principal Place of Business
2510 NW 97TH AVENUE
100
MIAMI FL 33172-1407
US

Mailing Address
2510 NW 97TH AVENUE
100
MIAMI FL 33172-1407
US



2. Principal Place of Business
7275 NW 61 STREET

3. Mailing Address
7275 NW 61 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-0508917**

Applied For
Not Applicable

Zip
33166-3701

Country

Zip
33166-3701

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARTINEZ, JOSE L
13545 S.W. 99TH ST.
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **JOSE I MARTINEZ**

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

14806 SW 90 TERRACE

City **Miami**

FL

Zip Code
33196

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

TITLE
NAME **PD**
STREET ADDRESS **MARTINEZ, SILVIA M**
CITY-ST-ZIP **13545 S.W. 99TH ST.**
MIAMI FL

☐ Delete

TITLE
NAME **VMTS**
STREET ADDRESS **MARTINEZ, JOSE I**
CITY-ST-ZIP **13545 SW 99TH ST**
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS **14806 SW 90 TERR**
CITY-ST-ZIP **Miami, FL 33196**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS **14806 SW 90 TERRACE**
CITY-ST-ZIP **Miami, FL 33196**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 JOSE I MARTINEZ**

03/17/03

305-994-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)