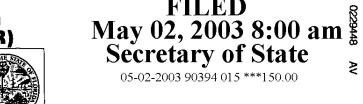
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P94000092053 **DOCUMENT #**



FILED

1. Entity Name MARTINEZ MOLINA, P.A.					05-02-2003 90394 015 ***150.00	
Principal Place of Business 2121 PONCE DE LEON BLVD. 440 MIAMI FL 33134		2121 PONCE D 440	Mailing Address 2121 PONCE DE LEON BLVD. 440 MIAMI FL 33134			
2. Principal Place of Business		3. Mailing Add	3. Mailing Address			0110 84088 00101 01400 4111 1064
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State	City & State		4. FEI Number 65-0541534	Applied For Not Applicable
Zip	Country	Zip	Zip Country			\$8.75 Additional Fee Required
6. Na	ime and Address of Cu	rrent Registered Agent			7. Name and Address of New Registered A	gent
MARTINEZ MOLINA, ALEIDA 2121 PONCE DE LEON BLVD. 440				Name Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33134			City FL Zip Code		Zip Code	
the obligations of re				ed office or regist	tered agent, or both, in the State of Florida. I am for the state of Florida.	amiliar with, and accept
After May 1,	W!!! FEE IS \$150.0 2003 Fee will be \$55 e to Florida Departme	0.00			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 PST NAME MARTINEZ MOLINA, ALEIDA STREET ADDRESS 2121 PONCE DE LEON BLVD #440			NAM	ī		☐ Change ☐ Addition

10	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARTINEZ MOLINA, ALEIDA 2121 PONCE DE LEON BLVD #440 MIAMI FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change [Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, **	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change [Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change [Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZLP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

EGNATURE MEDIAL MOLING SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR