

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032620

1. Entity Name

LOUIS MARTIN CORP.

Principal Place of Business

12993 SW 112TH ST
MIAMI FL 33186
US

Mailing Address

12993 SW 112TH ST
MIAMI FL 33186-4769
US

2. Principal Place of Business

2141 SW 126 Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33175

Country

U.S.A.

Zip

Country

4. FEI Number

65-0605719

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIANELLI, FELIPE CPA
1470-4 NW 107 AVE
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name LOUIS RATON

Street Address (P.O. Box Number is Not Acceptable)
2141 SW 126 Ct

City MIAMI FL Zip Code 33175

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, 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

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RATON, LOUIS M	
STREET ADDRESS	16940 SW 147TH CT	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATON LOUIS M.	
STREET ADDRESS	2141 SW 126 Ct	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATON LOUIS	
STREET ADDRESS	2141 SW 126 Ct	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATON MIRIAM M.	
STREET ADDRESS	2141 SW 126 Ct	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS RATON
PRESIDENT

4/21/00 305-220 9081

Date

Daytime Phone #

CR2E034 (9/99)