

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088906

1. Entity Name

VICTOR A. MARTINEZ, P.A.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90017 022 ***150.00

Principal Place of Business

Mailing Address

~~8275 WEST 12TH AVENUE #200~~
~~HIALEAH FL 33014~~

~~8275 WEST 12TH AVENUE #200~~
~~HIALEAH FL 33014-3584~~

2. Principal Place of Business

8275 W 12TH AVE STE 211

3. Mailing Address

8275 W 12TH AVE STE 211

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

65-0627293

Applied For

Not Applicable

Zip

Country

33014-3584 US

Zip

Country

33014-3584 US

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

Name

VICTOR A. MARTINEZ

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

8275 W 12TH AVE STE 211

City

HIALEAH

FL

Zip Code

33014-3584

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]

VICTOR A. MARTINEZ

1/31/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PSTD~~ ☒ Delete
NAME ~~MARTINEZ, VICTOR A~~
STREET ADDRESS ~~8275 WEST 12TH AVENUE #200~~
CITY-ST-ZIP ~~HIALEAH FL 33014~~

TITLE PSTD ☐ Change ☒ Addition
NAME VICTOR A. MARTINEZ
STREET ADDRESS 8275 W 12TH AVE STE 211
CITY-ST-ZIP HIALEAH FL 33014-3584

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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.

BY PRESIDENT

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR A. MARTINEZ 1/31/2000

Date

Daytime Phone #

CR2E034 (9/99)