

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90064 010 ***150.00

0139551 AV

DOCUMENT # P95000088906
 1. Entity Name
VICTOR A. MARTINEZ, P.A.

Principal Place of Business Mailing Address
~~8275 W 12TH AVE STE 211~~ ~~8275 W 12TH AVE STE 211~~
~~HALEAH FL 33014~~ ~~HALEAH FL 33014~~

2. Principal Place of Business 3. Mailing Address
6175 NW 153RD ST STE 215 **6175 NW 153RD ST STE 215**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI LAKES FL **MIAMI LAKES FL**

Zip Country Zip Country
33014-2435 USA **33014-2435 USA**

4. FEI Number **65-0627293** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~MARTINEZ, VICTOR A~~
~~8275 W 12TH AVE STE 211~~
~~HALEAH FL 33014~~

7. Name and Address of New Registered Agent
 Name **VICTOR A. MARTINEZ**
 Street Address (P.O. Box Number is Not Acceptable)
6175 NW 153RD ST STE 215
 City **MIAMI LAKES FL** Zip Code **33014-2435**

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]* DATE **3-27-2002**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Delete MARTINEZ, VICTOR A 8275 W 12TH AVE STE 211 HALEAH FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICTOR A. MARTINEZ 6175 NW 153RD ST STE 215 MIAMI LAKES FL 33014-2435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *[Signature]* DATE **3-27-2002** DAYTIME PHONE # **305-822-4454**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICTOR A. MARTINEZ, P.A.

CP2E034 (9/01)