

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011864

1. Entity Name

MARTIN SUPPLIERS INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90122 002 ***150.00

Principal Place of Business: 9791 N.W. 30TH ST. MIAMI FL 33172
 Mailing Address: 9791 N.W. 30TH ST. MIAMI FL 33172-1081

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country
 City & State: Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0640304**
 Applied For: Not Applicable:

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

RUBIO, MARTIN
 8410 W. FLAGLER ST
 #208-B
 MIAMI FL 33144

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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: _____ (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. **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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIO, MARTIN	NAME	
STREET ADDRESS	8410 W. FLAGLER ST., #208-B	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTIEL, RAFAEL	NAME	
STREET ADDRESS	8410 W. FLAGLER ST., #208-B	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIO, EDMUNDO	NAME	
STREET ADDRESS	8410 W. FLAGLER ST., #208-B	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: MARTIN RUBIO Date: 4/10/2000 Daytime Phone #: 471-7690

CR2E034 (9/99)