2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P96000016430 1. Entity Name MARTEL ENTERPRISES CORP. 04-23-2001 90237 038 ***150.00 Principal Place of Business Mailing Address 10171 NW 59TH DRIVE 10171 NW 59TH DRIVE PARKLAND FL 33076 PARKLAND FL 33076 **LUUJ1102** 2. Principal Place of Business 3. Mailing Address P.O. Box 9801 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <mark>೦೦೧೯.೩ ಶ</mark>ಾ City & State City & State Applied For 4. FE! Number 65-0650947 Coral Springs, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33075 **Broward** Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent MARTELLY, YANICK Street Address (P.O. Box Number is Not Acceptable) 10171 NW 59TH DRIVE PARKLAND FL 33076 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so.3 After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete Change Addition MARTELLY, SOPHIA NAME NAME STREET ADDRESS STREET ADDRESS 780 NE 69 ST #703 CITY-ST-ZIP CITY-ST-ZIP NO MIAMI FL 33138 TITLE X Delete TITLE ☐ Change M Addition MARTELLY, YANICK Michel Joseph Martelly NAME NAME STREET ADDRESS STREET ADDRESS 10171 MARTELLY NW 59 DR 780 NE 69 St. Apt 703 CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33076 Miami, FL 33138 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 trusted 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 any other like empowered.

Michel J. Martelly

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

April 16,2001

Daytime Phone #