

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90110 033 ***150.00

DOCUMENT # P96000016430

1. Entity Name
MARTEL ENTERPRISES CORP.

Principal Place of Business

**10171 NW 59TH DRIVE
 PARKLAND FL 33076
 US**

Mailing Address

**P.O. BOX 9801
 CORAL SPRINGS FL 33075
 US**

2. Principal Place of Business

780 NE 69th Street

Suite, Apt. #, etc.

703

City & State

Miami FL

Zip

33138

Country

USA

3. Mailing Address

780 NE 69th Street

Suite, Apt. #, etc.

703

City & State

Miami FL

Zip

33138

Country

USA

4. FEI Number

65-0650947

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTELY, YANICK
 10171 NW 59TH DRIVE
 PARKLAND FL 33076**

7. Name and Address of New Registered Agent

Name

Michel J. Martelly

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

780 NE 69th Street Apt 703

City

Miami

FL

Zip Code

33138

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, 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 ☐ Delete
 NAME **D MARTELY, SOPHIA**
 STREET ADDRESS **780 NE 69 ST #703**
 CITY-ST-ZIP **NO MIAMI FL 33138**

TITLE ☐ Delete
 NAME **D MARTELY, MICHEL J**
 STREET ADDRESS **780 NE 69 ST. APT 703**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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.

SIGNATURE

MADE REQUIRED

March 05, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)