

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90487 003 ***150.00

DOCUMENT # **996000054844**

1. Entity Name

ROLAND J. MARTINEZ, P.A.

Principal Place of Business

Mailing Address

**1102 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134**

SAME

853499

2. Principal Place of Business

1102 PONCE DE LEON BLVD.
 Suite, Apt. #, etc.

3. Mailing Address

1102 PONCE DE LEON BLVD.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0691490

Applied For

Not Applicable

Zip

33134

Country

US

Zip

33134

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ROLAND J. MARTINEZ, ESQ.
 1102 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

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

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ROLAND J. MARTINEZ	
STREET ADDRESS	1102 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	ROLAND J. MARTINEZ	
STREET ADDRESS	1102 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	ROLAND J. MARTINEZ	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ROLAND J. MARTINEZ	
STREET ADDRESS	1102 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE-PRESIDENT---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLAND J. MARTINEZ-	
STREET ADDRESS	1102 PONCE DE LEON BLVD-	
CITY-ST-ZIP	CORAL GABLES, FL 33134-	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Roland J. Martinez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)