

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

06-06-2000 90487 003 \*\*\*150.00

**DOCUMENT #** *P96000054844*  
**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**                      **3. Mailing Address**  
 1102 PONCE DE LEON BLVD.                      1102 PONCE DE LEON BLVD.  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**                      **City & State**  
 CORAL GABLES, FL                      CORAL GABLES, FL

**Zip**                      **Country**                      **Zip**                      **Country**  
 33134                      US                      33134                      US

**4. FEI Number**                      **Applied For**  
 65-0691490                       Not Applicable

**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.**  **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**                       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	PRESIDENT <input type="checkbox"/> Delete		<b>TITLE</b>	<del>VICE PRESIDENT ---</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	ROLAND J. MARTINEZ		<b>NAME</b>	<del>ROLAND J. MARTINEZ -</del>	
<b>STREET ADDRESS</b>	1102 PONCE DE LEON BLVD.		<b>STREET ADDRESS</b>	<del>1102 PONCE DE LEON BLVD -</del>	
<b>CITY-ST-ZIP</b>	CORAL GABLES, FL 33134		<b>CITY-ST-ZIP</b>	<del>CORAL GABLES, FL 33134 -</del>	
<b>TITLE</b>	SECRETARY <input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	ROLAND J. MARTINEZ		<b>NAME</b>		
<b>STREET ADDRESS</b>	1102 PONCE DE LEON BLVD.		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	CORAL GABLES, FL 33134		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<del>ROLAND J. MARTINEZ</del> <input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	VICE PRESIDENT <input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	ROLAND J. MARTINEZ		<b>NAME</b>		
<b>STREET ADDRESS</b>	1102 PONCE DE LEON BLVD.		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	CORAL GABLES, FL 33134		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>			<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>			<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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)