

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90097 023 ***150.00

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DOCUMENT # P96000062476

1. Entity Name
DIANA MARTINEZ, M.D., P.A.

(L)



Principal Place of Business
**2900 S COMMERCE PARKWAY
WESTON FL 33331
US**

Mailing Address
**3200 S.W. 60TH COURT
SUITE 302
MIAMI FL 33155**



2. Principal Place of Business
899 N.W. 168 AVE
Suite, Apt. #, etc.

3. Mailing Address
899 N.W. 168 AVE.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, FL
Zip
33028
Country
USA

City & State
Pembroke Pines, FL
Zip
33028
Country
USA

4. FEI Number
65-0682600

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUTIERREZ, GUSTAVO
3200 S.W. 60TH COURT
SUITE 302
MIAMI FL 33155**

7. Name and Address of New Registered Agent

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

899 NW 168th Ave
City
Pembroke Pines **FL** Zip Code
33028

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 7-23-03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MARTINEZ, DIANA 3200 S.W. 60TH SUITE 302 MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, DIANA 3200 S.W. 60TH SUITE 302 MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MARTINEZ, DIANA 899 N.W. 168 AVENUE Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTINEZ, DIANA 899 N.W. 168 AVENUE Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIANA MARTINEZ** **X 7-23-03** **X 954-442-4300**
Date Daytime Phone #

CR2E034 (4/03)

Attachment

10110511



Hoyos & Aguilar, P.A.

Certified Public Accountants

July 21, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

TAXPAYER: DIANA MARTINEZ, M.D., P.A.

DOC. NO.: P02000008042

FORM: UNIFORM BUSINESS REPORT (UBR)

PERIOD: 2003

Gentlemen / Mesdames:

The above captioned taxpayer has requested that we write to you regarding the \$400 penalty imposed as a result of the late filing of the 2003 Uniform Business Report.

Foremost, please note that it was not the taxpayer's willful neglect or intent to not timely pay and file the 2003 Corporate Annual Report but simply a result of the facts stated below.

During the end of 2002 the taxpayer moved business locations. As a result of the address change, the taxpayer had all mail forwarded by the Post Office to the new address. During this change it seems that the original copy of the Report was lost in the mail since the taxpayer did not become aware of the filing until this second notice was received. Therefore, please up-date your records accordingly to reflect the correct address as **"899 Northwest 168th Avenue, Pembroke Pines Florida 33028"**.

In light of the above facts, we respectfully request the abatement of all penalties. Enclosed is a check in the amount of \$150 for the 2003 Annual Report.

Please do not hesitate to contact us should you have any questions.

Sincerely,

RICHARD AGUILAR, CPA

Enclosures

cc: Diana Martinez, President

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