FILED 2003 FOR PROFIT CORPORATION Mar 19, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P97000021954 DOCUMENT # 1. Entity Name 03-19-2003 90180 033 ***150.00 MARTINEZ INTERNATIONAL TRADING, CORP. Principal Place of Business Mailing Address 375 SOUTH ROYAL POINCIANA 375 SOUTH ROYAL POINCIANA 6-C The fact of the same of the MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address Street-V 903 1903 EH ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0755959 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINEZ, JUAN DE JESUS Street Address (P.O. Box Number is Not Acceptable) 375 S. ROYAL POINCIANA # 6C MIAMI SPRINGS FL 33166 Zip Code City 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** DATE 4 Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 -9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME MARTINEZ, CARMEN STREET ADDRESS 375 S ROYAL POINCIANA #6C STREET ADDRESS MIAMI SPRINGS FL 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME MARTINEZ, JUAN DE JESUS STREET ADDRESS STREET ADDRESS 375 S. ROYAL POINCIANA #6C CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 add

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP TITLE

NAME

☐ Delete

☐ Delete

Daytime Phone #

Change

Change

Addition

☐ Addition