

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030553

1. Entity Name

CARLOS MARTINEZ, M.D., P.A.
415 N. FEDERAL HIGHWAY
HOLLYWOOD, FL 33020

Principal Place of Business

425 N FEDERAL HWY
HOLLYWOOD FL 33020

Mailing Address

425 N FEDERAL HWY
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0739026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

CARLOS MARTINEZ, M.D., P.A.
415 N. FEDERAL HIGHWAY
HOLLYWOOD, FL 33020

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

Carlos Martinez MD

(NOTE: Registered Agent signature required when reinstating)

07-12-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MARTINEZ, CARLOS
STREET ADDRESS 4801 N 35 STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

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

TITLE STD
NAME MARTINEZ, TERESA
STREET ADDRESS 4801 N 35 STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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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

Carlos Martinez MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MD
President

07-13-00

DATE

Daytime Phone #

(954) 922-5668



DO NOT WRITE IN THIS SPACE

CR: E034 (5/00)

ADU68700

Name _____

Chart# _____

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

JUL 13 2000

TO WHOM IT MAY CONCERN

I JUST RECEIVED YOUR REPORT
CALLED SECOND NOTICE
I TOOK IT RIGHT AWAY TO MY
ACCOUNTANT AND HE ASK ME
WHAT HAPPENED TO MY FIRST
NOTICE AND I TOLD HIM
I NEVER RECEIVE IT.

I AM SORRY

ALSO I CHANGED MY ADDRESS
SINCE FEBRUARY AND I SENT
A LETTER TO YOU APPARENTLY
YOU NEVER RECEIVE IT.
I ONLY CHANGED THE SUIT #
HERE IT IS
THANK YOU.

SINCERELY YOURS

Carlos Martinez, M.D., P.A.

CARLOS MARTINEZ, M.D., P.A.
415 N. FEDERAL HIGHWAY
HOLLYWOOD, FL 33020