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2002 Uniform Business Report (UBR)

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SIGNATURE:

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # P97000036494 1. Entity Name 04-15-2002 90043 011 ***150.00 MARTIN & SONS BUILDING, INC. Principal Place of Business Mailing Address 7401 NW 8 ST - BAY M 7401 NW 8 ST - BAY M BAY -M BAY -M MIAMI FL 33126 **MIAMI FL 33126** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0747455 Not Applicable Zip Country Zip Country \$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 Name MARTIN, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 7401 NW 8 ST BAY-M MIAMI FL 33126-2928 City 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTS CR2E034 (9/01) TITLE ☐ Change ☐ Addition ☐ Defete MARTIN, EDUARDO NAME NAME 7401 NW 8ST BAY-M STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition MARTIN, ISABEL NAME NAME STREET ADDRESS 7401 NW 8ST BAY-M STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP lied with this Ning does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the indicated on this report of the corporation or the formation sur