

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051775

1. Entity Name  
MARTINEZ WELDING, INC.

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90062 031 \*\*\*550.00

0018793 AV

Principal Place of Business Mailing Address  
4780 E. 8TH LANE 4780 E. 8TH LANE  
HIALEAH FL 33013 HIALEAH FL 33013

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

A0084643



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0760277 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MARTINEZ, ISIDRO  
4780 E. 8TH LANE  
HIALEAH FL 33013  
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. (See criteria on back) ☐ FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ISIDRO 4780 E. 8TH LANE HIALEAH FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/01 (205) 885-9519  
Date Daytime Phone #

CR2E034 (5/01)