## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

1. Entity Name

FINE & MARTINEZ, P.A.

Principal Place of Business

2333 PONCE DE LEON BLVD SUITE 710

**CORAL GALBES FL 33134** 

P97000097467

Mailing Address

2333 PONCE DE LEON BLVD

SUITE 710

CORAL GALBES FL 33134



r1LED
May 23, 2002 8:00 am
Secretary of State
05-23-2002 90017 014 \*\*\*

2. Principal Place of Business De Leon Blud 3. Mailing Address 2333 Fonce de Leon Blud.					-				
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Suite Apt.	#, etc.	Suite, Apt. #, etc. Suite 303			DO NOT WRITE IN THIS SPACE				
City & State		Coral 696 ES FL			4. FEI Number 65-0798230	-	Applied For Not Applicable		
32312	Country USA	Zip 33134	Country	}	5. Certificate of Status Desired		5 Additional		
6Name and Address of Current Registered Agent				<u> </u>	7. Name and Address of New Registered Agent				
				Name					
FINE, ALAN S				Chart Andreas (D.O. Bay Niverbas is Not Apparticular)					
2333 PONCE DE LEON BLVD			Stree	Street Address (P.O. Box Number is Not Acceptable)					
SUITE ##									
CORAL GABLES FL 33134					These states and the states are states as the states are states are states are states as the states are states a	<b>₽</b> ∎ Zir	Code	-	
OOINE WIDEO I E OOIOT						FL   Zip			
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.									
SIGNATÜRE									
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 FILE NOW!!! FEE IS \$150.00  10. Election Campaign Financing \$5.00 May Be									
Tax filing requirement and elects to do so.					Trust Fund Contribution.	,	<b>рэ.оо</b> ма Added to Fe		
(See criter	ia on back)	Make Check Payabl	e to Departm	ent of State	2				
11.	OFFICERS AND DI	RECTORS	12.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 1	1	
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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: