

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90127 005 ***158.75

DOCUMENT # **P97000101125** ✓
 1. Entity Name
PATHIK & MARTINEZ TRANSLATIONS, INC.

Principal Place of Business Mailing Address

A0062893

DO NOT WRITE IN THIS SPACE


2. Principal Place of Business
647 NE 79 Street
 Suite, Apt. #, etc.
3
 City & State
MIAMI, FL
 Zip
33138
 Country
USA

3. Mailing Address
647 NE 79 Street
 Suite, Apt. #, etc.
3
 City & State
MIAMI, FL
 Zip
33138
 Country
USA

4. FEI Number
65-0842918 ☒ Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
ERIVELTO JOS PATHIK
647 NE 79 Street #3
MIAMI, FL 33138

7. Name and Address of New Registered Agent
 Name **OLGA CECILIA MARTINEZ PATHIK**
 Street Address (P.O. Box Number is Not Acceptable)
647 NE 79 Street #3
 City **MIAMI** **FL** Zip Code **33138**

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  **ERIVELTO PATHIK** DATE **April 25, 01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

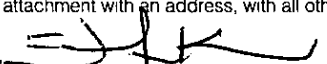
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. ERIVELTO JOS PATHIK 647 NE 79 St. #3 MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLGA CECILIA MARTINEZ PATHIK VP 647 NE 79 Street #3 MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. OLGA CECILIA MARTINEZ PATHIK 647 NE 79 Street #3 MIAMI, FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ERIVELTO JOS PATHIK** Date **April 25, 01** (305) 751-9860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)