

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90230 016 \*\*\*150.00

0007371 AT

**DOCUMENT # P98000004668**

1. Entity Name

MARTA'S AIRCRAFT INTERIORS, INC.



Principal Place of Business

5739 PINE TERRACE  
PLANTATION FL 33317

Mailing Address

5739 PINE TERRACE  
PLANTATION FL 33317

11010400



2. Principal Place of Business

3. Mailing Address

302 SW 61 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation FL

4. FEI Number

65-0803823

Applied For

Not Applicable

Zip

Country

33317

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COBIELLES, MARTA L  
5739 PINE TERRACE  
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name MARTA COBIELLES

Street Address (P.O. Box Number is Not Acceptable)

302 SW 61 Ave

City Plantation FL

FL

Zip Code

33317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **COBIELLES, MARTA L**  
CITY-ST-ZIP **5739 PINE TERRACE**  
**PLANTATION FL 33317**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA COBIELLES 4-21-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)