

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # **P980000 41935**

Entity Name
Martinez International Corp.

FILED

00 JUL -7 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 126553
Orlando, FL 33012

Mailing Address
SAME

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3521456	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ENIDIO GARZAANA
5050 NW 7th St # 701
MIAMI, FL 33126

7. Name and Address of New Registered Agent	
Name SAME	
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 <i>[Signature]</i>	(NOTE: Registered Agent signature required when consolidating)	DATE
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9. This corporation is eligible to satisfy its intangible filing requirement and elect to do so (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
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10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete DP ENIDIO GARZAANA 5050 NW 7th St. # 701 MIAMI, FL 33126	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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-08/08/00-0105-001
*****300.00 ***300.00**

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: <i>[Signature]</i>	7/6/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

282

Division of Corporations
P.O. BOX 6327
Tallahassee, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$300.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **MARTINEZ INTERNATIONAL CORP.** Thank you for your courtesy in this matter.



ENIDIO CARRAZANA
President