

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087781

1. Entity Name

MAZZA-MARTINEZ & ASSOC., P.A.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90032 040 \*\*\*150.00

Principal Place of Business Mailing Address  
NW 42 AVE STE 638 782 NW LE JEUNE ROAD  
FL 33126 MIAMI FL 33126-5541

2. Principal Place of Business 3. Mailing Address  
782 NW 42 AV. SAME.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
638  
City & State City & State  
MIAMI FLORIDA  
Zip Country Zip Country  
33126 USA



DO NOT WRITE IN THIS SPACE  
FEE- 65-08700-78

4. FEI Number APPLIED FOR ☒ Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

MAZZA-MARTINEZ, TANIA A  
782 NW LE JEUNE ROAD  
MIAMI FL 33166

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, 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 \$150.00**  
**After MAY 1, 2000 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	D MAZZA-MARTINEZ, TANIA A 782 NW LE JEUNE RD STE 638 MIAMI FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

Date

305-4465353

Daytime Phone #

CR2E034 (9/99)