

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90012 014 \*\*\*150.00

**DOCUMENT # P98000087781**



1. Entity Name  
**MAZZA-MARTINEZ & ASSOC., P.A.**

Principal Place of Business  
**782 NW 42 AVE STE 638  
MIAMI FL 33126**

Mailing Address  
**782 NW LE JEUNE ROAD  
MIAMI FL 33166**



2. Principal Place of Business  
**780 NW 42AV.  
Suite, Apt. #, etc.  
420**

3. Mailing Address  
**780 NW 42AV.  
Suite, Apt. #, etc.  
420**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number **65-0870078**

Applied For  
☐ Not Applicable

Zip **33126** Country **USA**

Zip **33126** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name **TANIA A. MAZZA-MARTINEZ**  
Street Address (P.O. Box Number is Not Acceptable) **780 NW 42AV # 420**  
City **MIAMI** FL Zip Code **33126**

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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAZZA-MARTINEZ, TANIA A</b>	
STREET ADDRESS	<b>782 NW LE JEUNE RD STE 638</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>GM</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, ARMANDO M</b>	
STREET ADDRESS	<b>780 NW 12 AVENUE, SUITE 631</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PARTNER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAZZA-MARTINEZ, PA</b>	
STREET ADDRESS	<b>780 NW 42AV. # 420</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>FIRM ADMINISTRATOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMANDO M. MARTINEZ</b>	
STREET ADDRESS	<b>780 NW 42AV. # 420</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/03** **305-4465353**  
Date Daytime Phone #

CR2E034 (10/02)