

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91409 021 \*\*\*150.00

0244837 AV

**DOCUMENT # P99000013470**

1. Entity Name  
**WHITE MART INC.**

Principal Place of Business

Mailing Address

~~7600 S.W. 19 STREET~~  
~~MIAMI FL 33155~~

~~7600 S.W. 19 STREET~~  
~~MIAMI FL 33155~~

2. Principal Place of Business

3. Mailing Address

**10135 SW 156 AV**

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami FL**

**Same**

Zip

Country

Zip

Country

**33196**

**USA**

4. FEI Number

**65-0893340**

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

~~GANCHIS, EVIDIA~~  
~~7600 SW 19TH ST~~  
~~MIAMI FL 33155~~

Name

**Mayra Blanco-Martinez**

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

**10135 SW 156 AV**

City

**Miami**

**FL**

Zip Code  
**33196**

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 **x Mayra Blanco-Martinez**

**3-18-02**

Signature, typed or printed name of registered agent and title 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, 2002 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**PS**  
**BLANCO-MARTINEZ, MAYRA**  
**7600 S.W. 19 STREET**  
**MIAMI FL 33155** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**VP**  
**MARTINEZ, CRUZ**  
**7600 S.W. 19 STREET**  
**MIAMI FL 33155** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**D**  
**MARTINEZ-BLANCO, MARIANA DE LOS A**  
**7600 SW 19 ST**  
**MIAMI FL 33155** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**D**  
**MARTINEZ-BLANCO, MAYRE ANDREA A**  
**7600 SW 19 ST**  
**MIAMI FL 33155** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**D**  
**MARTINEZ-BLANCO, MAYRA DESIREE A**  
**EDIFICIO IRENE PH-3, AV FRANCISCO**  
**LAS RUICAS, CARACAS VA** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Change ☐ 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: **x**

**Mayra Blanco Martinez**

**3-18-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)