

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

07-08-2002 90230 042 ***150.00

DOCUMENT # P99000017377

1. Entity Name

MARTIAL INTERNATIONAL CORPORATION**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1312 SXBXL TRAIL</u> Suite, Apt. #, etc. <u>WESTON FL</u> City & State <u>WESTON - FL</u> Zip <u>33327</u> Country <u>US</u>		3. Mailing Address <u>1312 SXBXL TRAIL</u> Suite, Apt. #, etc. <u>WESTON FL</u> City & State <u>WESTON FL</u> Zip <u>33327</u> Country <u>U.S.</u>	
--	--	--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0899778</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>JAIME BERNAL</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2566 CORDOBA BEND</u>
City <u>WESTON</u> FL Zip Code <u>33327</u>

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 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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>JAIME BERNAL</u> <u>1312 SXBXL TRAIL</u> <u>WESTON FL 33327</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME BERNAL07-2-02

Date

Daytime Phone #

CR2E034B (12/01)