

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020624

1. Entity Name

MILDREYS MARTINEZ INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90080 042 \*\*\*150.00

Principal Place of Business  
C/O SBAS  
7777 N. DAVIE RD. EXTENSION, SUITE 102B  
HOLLYWOOD FL 33024

Mailing Address  
C/O SBAS  
7777 N. DAVIE RD. EXTENSION, SUITE 102B  
HOLLYWOOD FL 33024-2523



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
18784 NW 79 PLACE  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
MIAMI FL  
Zip  
33015

City & State  
Country  
USA

4. FEI Number  
65-0904792  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CHEDIAK, MIRTA  
7777 N. DAVIE RD. EXTENSION  
SUITE 102B  
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent  
Name  
MILDREYS MARTINEZ  
Street Address (P.O. Box Number is Not Acceptable)  
18784 NW 79 PLACE  
City  
MIAMI FL Zip Code  
33015

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 *Mildreys Martinez* DATE 3/12/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, MILDREYS 401 S W 78 PLACE MIAMI FL 33144	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18784 NW 79 PLACE MIAMI FL 33015	<input checked="" 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
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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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

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: *Mildreys Martinez* DATE 3/12/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)