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FILED
Jun 19, 2002 8:00 am
Secretary of State

05-27-2002 90437 012 ***150.00

~~2001~~ 2002 UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P99000025049

1. Entity Name

Martinez & Martinez Inc

Principal Place of Business	Mailing Address
1950 NE 10th Ave Miami, Fl 33179	Same

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 650919354 ☐ Appli ☐ Not A

5. Certificate of Status Desired ☐ $8.75 Additio Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Rafael J. Rodriguez 701 N 60th ave Hollywood, Fl 33021	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 Rafael J. Rodriguez DATE 6/13/02

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, 2001, Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 Added to

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S Pablo N. Martinez 2231 Washington St #108 Hollywood, Fl 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dulce M. Martinez 2231 Washington St #108 Hollywood, Fl 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change

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 infor 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 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 Bl changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pablo N. Martinez 4/29/02 1305 6561877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #