## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Feb 02, 2001 8:00 am DOCUMENT # P99000060477 **Secretary of State** 1. Entity Name ANA CRISTINA MARTINEZ, P.A. 02-02-2001 90261 033 \*\*\*150.00 Principal Place of Business Mailing Address 18027 NW 78TH PLACE 18027 NW 78TH PLACE MIAM! FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0933497 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --- 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name MARTINEZ, ANA CRISTINA Street Address (P.O. Box Number is Not Acceptable) 18027 NW 78TH PLACE MIAM? FL 33015 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE Change ☐ Addition NAME MARTINEZ, ANA CRISTINA NAME STREET ADDRESS STREET ADDRESS 18027 NW 78TH PLACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE - - -Change ☐ Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 trusted 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR