2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083401

1. Entity Name

MARTINEZ & ASSOCIATES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90039 032 ***158.75

Principal Place of Business	Mailing Address
2901 OAKLAND PARK BLVD. SUITE A-20 FT LAUERDALE FL 33311	2901 OAKLAND PARK BLVD. SUITE A-20 FT LAUERDALE FL 33311-1248

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2331 N. State Road 7	2331 N. State Road 7
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State Lauderhill FL ~~33~~	City & State Lauderhill FL
Zip 33313 Country US	Zip 33313 Country US

4. FEI Number 59-3598524 ☑ 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
MARTINEZ, ANTONIA 11616 ROYAL PALM BLVD CORAL SPRINGS FL 33313	Name Antonia Martinez Street Address (P.O. Box Number is Not Acceptable) 11616 Royal Palm Blvd City Coral Springs **FL** Zip Code 33065

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 A Martinez CEO
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, 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	P/C Antonia Martinez 11616 Royal Palm Blvd Coral Springs FL 33065 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

CR2E034 (9/99)

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: A Martinez 04-27-00 954-777-0216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #