

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

Jun 09, 2000 8:00 am
Secretary of State

04-26-2000 90073 036 ***158.00

DOCUMENT # P99000095161

1. Entity Name

WILLIE MARTINEZ CORP.

Principal Place of Business

Mailing Address

**3409 WEST GROVE STREET
TAMPA FL 33614**

**3409 WEST GROVE STREET
TAMPA FL 33614-5709**

2. Principal Place of Business

3. Mailing Address

9932 WHITE BLOSSOM BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOUISVILLE, KY

City & State

4. FEI Number

61-1356279

Applied For

Not Applicable

Zip

40241

Country

U.S.A.

Zip

Country

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

Name

MARIA D. ROBLES

Street Address (P.O. Box Number is Not Acceptable)

3409 W. GROVE ST.

City

TAMPA,

FL

Zip Code

33614

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.

VICE PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

x 6/5/2000

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 MARTINEZ, WILLIE 3409 WEST GROVE STREET TAMPA FL 33614 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBLES, MARIA D 3409 WEST GROVE STREET TAMPA FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MARTINEZ, JACQUELINE 3409 WEST GROVE STREET TAMPA FL 33614 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILFREDO MARTINEZ 9932 WHITE BLOSSOM BLVD LOUISVILLE, KY 40241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST JACQUELINE MARTINEZ 9932 WHITE BLOSSOM BLVD LOUISVILLE, KY 40241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 4/20/2000

CR2E034 (9/99)