

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90050 011 ***150.00

DOCUMENT # **P99000107691** ✓
1. Entity Name **MARTINEZ-AYME FINANCIAL GROUP, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10300 SW 72ND STREET

3. Mailing Address
10300 SW 72ND STREET

Suite, Apt. #, etc.
SUITE #380

Suite, Apt. #, etc.
SUITE #380

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0976470

Applied For
Not Applicable

Zip
33173-3020

Country
USA

Zip
33173-3020

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
AYME, ALFREDO F.

Street Address (P.O. Box Number is Not Acceptable)
10300 SW 72ND STREET, SUITE # 380

City
MIAMI

FL Zip Code
33173-3020

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
President
NAME
Martinez, Reynaldo A.
STREET ADDRESS
10300 SW 72nd Street, Suite #380
CITY-ST-ZIP
Miami, FL 33173-3020

TITLE
Treasurer/Secretary
NAME
Ayme, Alfredo F.
STREET ADDRESS
10300 SW 72nd Street, Suite #380
CITY-ST-ZIP
Miami, FL 33173-3020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFREDO F. AYME / SECRETARY

04-18-02 **305-271-3232**
Date Daytime Phone #

CR2E034B (12/01)