

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108351

1. Entity Name
MARTINEZ ENVIOS INC.

Principal Place of Business Mailing Address
37 BEACOM BLVD. 37 BEACOM BLVD.
MIAMI FL 33135 MIAMI FL 33135

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

MARTINEZ, LESBIA
37 BEACOM BLVD.
MIAMI FL 33135

7. Name and Address of New Registered Agent

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

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, 2001 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

TITLE ☐ Delete
NAME **PD MARTINEZ, LESBIA**
STREET ADDRESS **37 BEACOM BLVD.**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
NAME **VPD RODRIGUEZ, MARITZA**
STREET ADDRESS **37 BEACOM BLVD.**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Maritza F. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01 (305)642-5404
Date Daytime Phone

FILED
Aug 31, 2001 8:00 am
Secretary of State

05-03-2001 90097 020 ***150.00

DO NOT WRITE IN THIS SPACE
65-0998360

4. FEI Number **APPLIED FOR** Applied For Not Applicable

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

CR2E034 (10/00)

Attachment 11685

LOAD THIS DIRECTION THIS SIDE UP

MONEY ORDER RECEIPT - NON NEGOTIABLE

ACT 300121 DT 042801 \$150.00 **1HUNDREDS DOLLARS AND NO CENTS

\$100.00 QUICK COLLECT

SNEE STAKES THRU 4/30/01 CALL 1-800-325-6001

Quicken

062931256241

THIS DIRECTION THIS SIDE UP