

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90067 013 ***150.00

DOCUMENT # V13444

1. Entity Name

ATHILL & MARTINEZ COMPANY

Principal Place of Business

Mailing Address

~~3010 NW 80 AVE~~
~~#00~~
~~MIAMI GARDENS FL 33046~~
~~400~~

~~3010 NW 80 AVE~~
~~#00~~
~~HIALEAH GARDENS FL 33166~~
~~400~~

2. Principal Place of Business

3. Mailing Address

8140 NW 74 AVE. STE. 7
Suite, Apt. #, etc.

8140 NW 74 AVE. STE. 7
Suite, Apt. #, etc.

City & State

City & State

MEDLEY, FL.

MEDLEY, FL.

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number

65-0317857

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

Name

MOISES CUETO

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

5808 W. 16 LANE

City

HIALEAH

FL

Zip Code

33012

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

03-08-2000

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	<input type="checkbox"/> Delete
PTSD	ATHILL, MANUEL A.	17031 NW 63 COURT	MIAMI FL	<input type="checkbox"/>
PTSD	ATHILL, MANUEL A.	17031 NW 63 COURT	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P/S/T/D	ATHILL, MANUEL A.	5808 W. 16 LANE	HIALEAH, FL. 33012	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/08/2000 (305) 557-7010