

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90112 017 \*\*\*150.00

4/26/02 AV

**DOCUMENT # P00000009435**

1. Entity Name

**PABLO G. MARTINEZ, ATTORNEY AT LAW, P.A.** ✓

Principal Place of Business

7819 N. DALE MABRY HWY., SUITE ~~112~~ <sup>208</sup>  
 TAMPA FL 33614

Mailing Address

7819 N. DALE MABRY HWY., SUITE ~~112~~ <sup>208</sup>  
 TAMPA FL 33614

2. Principal Place of Business

7819 N. Dale Mabry Hwy  
 Suite, Apt. #, etc. 208

3. Mailing Address

7819 N. Dale Mabry Hwy  
 Suite, Apt. #, etc. 208

City & State

TAMPA, FL 33614

City & State

TAMPA, FL

4. FEI Number

59-3631602

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MATINEZ, MANUELA**  
**6804 CHIPPINDALE CT**  
**TAMPA FL 33634**

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, 2002 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 | NAME              | STREET ADDRESS             | CITY-ST-ZIP    | <input type="checkbox"/> Delete |
|-------|-------------------|----------------------------|----------------|---------------------------------|
| PCEO  | MARTINEZ, PABLO G | 7819 N DALE MABRY HWY #208 | TAMPA FL 33614 | <input type="checkbox"/>        |
|       |                   |                            |                | <input type="checkbox"/>        |
|       |                   |                            |                | <input type="checkbox"/>        |
|       |                   |                            |                | <input type="checkbox"/>        |
|       |                   |                            |                | <input type="checkbox"/>        |
|       |                   |                            |                | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE     | NAME             | STREET ADDRESS      | CITY-ST-ZIP     | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-----------|------------------|---------------------|-----------------|---------------------------------|--|
| Treasurer | Manuela Martinez | 6804 Chippendale Ct | TAMPA, FL 33614 | <input type="checkbox"/>        | <input checked="" 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"/>                     |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02

CR2E034 (9/01)