## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 21, 2002 8:00 am Secretary of State P98000037732 DOCUMENT # 1. Entity Name 05-21-2002 91213 026 \*\*\*150.00 MARTNI HOLDINGS III. INC. Mailing Address Principal Place of Business 5728 MAJOR BLVD 5728 MAJOR BLVD SLITE 601 SUITE 601 ORLANDO FL 32819 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3506904 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ::::KHATIB, RASHID A Street Address (P.O. Box Number is Not Acceptable) 5728 MAJOR BLVD, STE 601 ORLANDO FL 32819 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE Detete TITLE NAME KHOURI, ZAHI W NAME STREET ADDRESS 5728 MAJOR BLVD, STE 601 STREET ADDRESS CITY-ST-7IP ORLANDO FL 32819 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE DPST NAME NAME KHATIB, RASHID A STREET ADDRESS 5728 MAJOR BLVD, STE 601 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete DVP NAME HODGE, RANDALL STREET ADDRESS STREET ADDRESS 5728 MAJOR BLVD, STE 601 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

**FILED** 

Daytime Phone #