

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

0070654

DOCUMENT # P98000080104

1. Entity Name  
**MARTNI MAGUIRE, INC.**

05-02-2001 90106 046 \*\*\*150.00

|   |   |
|---|---|
| Principal Place of Business<br>5401 KIRKMAN RD., STE. 725<br>ORLANDO FL 32819 | Mailing Address<br>5401 KIRKMAN RD., STE. 725<br>ORLANDO FL 32819 |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br>5728 MAJOR BLVD<br>Suite, Apt. #, etc.<br>Suite 601<br>City & State<br>Orlando FL<br>Zip<br>32819<br>Country<br>US | 3. Mailing Address<br>5728 MAJOR BLVD<br>Suite, Apt. #, etc.<br>Suite 601<br>City & State<br>Orlando FL<br>Zip<br>32819<br>Country<br>US |
|--|--|

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3532510                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**KHATIB, RASHID A**  
**5401 KIRKMAN RD., STE. 725**  
**ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5728 MAJOR BLVD., STE. 601**  
 City **ORLANDO FL 32819** **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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KHATIB, RASHID A<br>5401 KIRKMAN RD., STE. 725<br>ORLANDO FL 32819   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KHOURI, ZAHY M<br>505 PARK AVE., 8TH FLOOR<br>NEW YORK NY 10022-1184 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JABER, HASAN M<br>1568 LANDINGS TERR.<br>SARASOTA FL 34231           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HODGE, RANDALL R<br>5401 KIRKMAN RD., STE. 725<br>ORLANDO FL 32819   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LUNDIN, BARRY A<br>1534 INDIAN DANCE CT.<br>MAITLAND FL 32751        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>5728 MAJOR BLVD., STE. 601<br>ORLANDO FL 32819  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 5728 MAJOR BLVD., STE. 601<br>ORLANDO FL 32819        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>5728 MAJOR BLVD., STE. 601<br>ORLANDO FL 32819 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>5728 MAJOR BLVD., STE. 601<br>ORLANDO FL 32819 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: Rashid A Khatib President 4/16/01 (407) 354-2200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)